

# THE AMERICAN JOURNAL OF NURSING

VOL. IV

APRIL, 1904

NO. 7

## THE TUBERCULOSIS EXPOSITION, BALTIMORE

By M. ADELAIDE NUTTING  
Johns Hopkins Hospital

THE Tuberculosis Exposition held in Baltimore during the last week of January, 1904, was an event of unusual importance and of peculiar interest. It was naturally expected that such interest would be felt in the medical and scientific world, but that it should be aroused among the people generally to such an extent as was shown by the remarkable crowds, quite beyond the capacity of the University Hall to accommodate, who gathered every day and evening was a matter of astonishment to everybody and of deep gratification to the Committee of the Exposition, who had labored with such untiring energy in its behalf.

The exhibit lasted one week, and was open daily from ten A.M. to ten P.M. Lectures were given daily by noted medical men known widely as leaders of the war against tuberculosis. The exhibits were arranged in the long halls and corridors of McCoy Hall and on the walls and in the assembly-room. Statistics, charts, and diagrams showing the prevalence and distribution of tuberculosis in the United States and in Maryland, and the relations of age, sex, and occupations to tuberculosis, were shown, and the questions of race and heredity were here interestingly presented. A section took up the matter of tenement houses, sweat-shops, and factories, and through charts and photographs showed conditions and improvements resulting from recent revision of laws and other measures of reform. Plans and elevations, photographs and models, illustrated every conceivable variety of hospital, sanatorium, tent, or sleeping-shack. One of the most interesting features of the exhibit was the valuable collection of old books and portraits belonging to Dr. Osler and others, through which the historical aspect of the subject was shown and the present connected with the past. Arrangements were made by the provision of a number of demonstrators to conduct small groups of

people through the exposition in order that they might benefit fully by its teachings. Medical students, student nurses from the various schools and hospitals, teachers from the public schools, working-women's clubs, and other charitable societies were thus shown about and the various interesting and important features of the exhibits carefully explained. It is impossible to describe the interest shown by all classes, and the pathetic eagerness of a certain number who visited the place again and again, asking questions which showed only too plainly the desire to glean some knowledge which could be carried away to furnish help or hope. Of keen interest to nurses was the exhibit of "House and Home Hygiene." This, beginning with photographs of interiors and exteriors of homes, dwelling especially upon every available adjunct to the house,—porches, verandas, fire-escapes,—which could afford space out-of-doors for the consumptive, went on to show carefully arranged wheeling- and reclining-chairs for out-of-door treatment, suitable clothing, sleeping-bags, and many varieties of sputum-cups and flasks, etc. It would be of interest to nurses if this exhibit could be described in detail and fully illustrated with photographs, as showing what may be done for poor consumptives in their homes by really simple care and treatment.

A feature which received marked attention from visitors was the model sick-room for consumptive patients. No attempt was made here to show a room with modern luxuries. Simplicity, exquisite cleanliness, convenience, and suitability were the points dwelt upon, and the necessity for having as cheerful and homelike an atmosphere as could be secured compatible with the requirements for the care of such patients and the protection of others about them. The horrors known as antiseptic furniture, which, however necessary for an operating-room, has no place in the room which is the life of a sick person, were studiously avoided, yet we are sure all necessary precautions for safety were observed. This portion of the exhibit was prepared by Miss G. C. Ross and Miss Eleanor Wood, assistant superintendents at the Johns Hopkins Hospital.

As a member of the general committee, the writer asked of its chairman the privilege of looking into the question of house-to-house visitation of consumptive patients by nurses. Permission was readily granted, and letters asking for data on this subject were at once sent to twenty-five of the older and larger District and Visiting Nurses' Associations of the country. In reply some exceedingly interesting and suggestive letters were received. For the special purpose for which they were desired, however, many of them proved inadequate, owing to the fact that much of the work which they described was not recorded in statistical or tabulated form, and also that any special work in the care of tuberculous patients was of very recent origin.

The two facts of importance elicited were that during the year 1903 a new interest and activity in the care of tuberculous patients had been aroused in existing societies, and that in two or three cities nurses were devoting themselves wholly to the visitation of tuberculous patients in their homes. The latter are Miss Grace Forman, whose excellent work for the last nine months as visiting nurse of the Vanderbilt Clinic, New York, is well known to nurses through the pages of this JOURNAL; Miss Jean Hopkins, who has recently undertaken similar work in connection with the Bellevue Clinic, New York, and Miss Reba Thelin, visiting nurse of the Johns Hopkins Dispensary, Baltimore, whose work has just begun. Owing probably to initiative of the Visiting Nurses' Society in Chicago, and under its auspices, a society composed of prominent professional and charitable men and women has been formed during the year for the prevention of tuberculosis, and is doing noteworthy work. In Boston the District Nurses coöperate with the Board of Health and with the Committee for the Relief and Control of Tuberculosis. In New York, nurses are working in connection with the Committee for the Prevention of Tuberculosis and the Charity Organization Society, and quite lately with the Board of Health. The writer found that the only practicable way of presenting in any reasonably effective form the work which is being done, both by societies and individuals, was through a brief summary of existing agencies and methods. This is presented elsewhere in the JOURNAL.

The manifest usefulness of the work of visiting nurses is such that the time seems to be reached when a general conference might prove a valuable means of bringing together workers to present their various points of view in a field where the problems are of many kinds, of common interest, and of wide-spread importance. A national society or federation of district nurses seems to be the next necessity in consolidating and making more efficient a work which has so signally proved itself.

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MESSAGE BY THE BLIND.—The *Medical Magazine* says: "Among the Japanese, from whom we have yet much to learn, massage is generally recognized as the work of the blind. The sightless Japanese operators are masters in their useful craft. The blind are usually endowed, by way of compensation for their loss of sight, with a sense of touch exceptionally acute, so that here is a field in which they may surpass their seeing fellows. Massage is chiefly dependent for its success upon the delicacy of its application, which depends in its turn upon the nicety of the operator's sense of touch."

## VISITING NURSES IN THE HOMES OF TUBERCULOUS PATIENTS

By M. ADELAIDE NUTTING

The Johns Hopkins Hospital

AS FAR back as ten years ago, at the Nurses' Settlement in New York, the nurses taught the tuberculous patients whom they visited the care of sputum and supplied them with cups, and the various District Nursing Societies of the country have for some years given care and instructions to the consumptive patients who came under their charge in the round of daily visits.

The specialized work, however, of house visitation of tuberculous patients by individual nurses is practically a new idea, and clearly an outgrowth of the great impulse set in motion by the medical profession in its war against consumption.

The number of nurses who have so far been engaged in this special work is small and limited to two or three cities. The results of their work are out of all proportion to the number of nurses engaged in it, but as records either complete or partial in some instances have not been kept, and in others are not available for our purposes, having been incorporated in other reports, we are unable to present statistics which shall show in any convincing manner the amount and nature of the work which we know is being done. Its true value, therefore, at present, from some standpoints, cannot be justly estimated. Our only means of information in a general way is from the letters of the nurses in charge of the work of the societies, and these are almost without exception interesting, suggestive, and full of promise of future results. A brief summary of their contents may, perhaps, be acceptable in default of more satisfactory data. Taking as a basis the few large cities in which the most systematic work in this direction has been done, we find:

Number of tuberculous families visited during the year 1903  
by the regular staff of nurses in the course of their daily work in  
these four cities are:

Chicago (16 nurses).....	408 families
Philadelphia (14 nurses).....	65 families
Baltimore (5 nurses).....	110 families
Washington (7 nurses).....	144 families

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Total ..... 727



Number of families visited by Miss Grace Forman, the visiting nurse of the Vanderbilt Clinic in New York.....	339
<i>(This record is for nine months only.)</i>	
Number of patients visited by Miss Reba Th��lin, the visiting nurse of the Johns Hopkins Dispensary, Baltimore 42	
<i>(This record is for seven weeks.)</i>	
Number of tuberculous patients visited by the Visiting Nurses' Society, Boston, in four months.....	245
Number visited by the Charity Organization Society, New York (exact time not given).....	98
Total .....	724

We have records, therefore, of fourteen hundred and fifty-one families visited during the year in six cities, each family representing not only the first visit of investigation, but as many subsequent visits as may be required to care for the patient, to instruct, and to see that instructions are carried out. The number of visits ranges from six to twenty, and in some exceptional instances to even a greater number.

The comparison of the number of tuberculous families reached by the visiting nurses on general duty and by those who are specially occupied in this work is rather striking. In Chicago, for instance, we find a record of four hundred and eight cases visited during the year, part of the general work of a Nurses' Society of about sixteen members. In New York the *one* visiting nurse of the Vanderbilt Clinic has visited three hundred and thirty-nine families in nine months. The same holds true of Baltimore. The visiting nurse of the Johns Hopkins Dispensary in seven weeks has visited forty-two families; the total records of the work of the Visiting Nurses' Society in this direction with four or five nurses for one year cover one hundred and ten patients and families.

A comparison of the cost of treating tuberculous patients in their homes and in hospitals is interesting and exceedingly important from an economic point of view. It costs not less than one dollar per day to care for one patient in a hospital. In most good hospitals the cost per day is from one dollar and fifty cents to two dollars and over. The sum so spent in caring for one patient for one year would be from four hundred to six hundred dollars. This sum is almost enough to supply a visiting nurse, who in one year, as has been shown, could and does visit from four to five hundred patients. Hospitals reach the consumptive few, nurses the consumptive many, and if we have any hope of reaching even a moderate proportion of the ninety-eight per cent. of tubercular patients who, Dr. Osler says, must be treated in their homes, the provision of a sufficient staff of nurses in each city especially devoted to this particular work would seem to be a necessary initial step.

It is hard to see how in any other way satisfactory information can be obtained concerning the lives and habits of the people upon which every step of further effective treatment must be based.

The exact conditions of the household, the attitude of the patient and family, the advisability of hospital or home care, the relief necessary in each case, and the right source from which to obtain it, are questions of prime importance, requiring thought and the special judgment which comes with experience in any special line of work.

The new commandments of fresh air, nourishing food, rest, and care of sputum must not only be taught, but by constant watchfulness secured and maintained. These things must be taught in one household in one way and in the next possibly by a totally different set of arguments.

Fresh air is brought to the patients by means, first, of slow education on the subject of open windows. Little by little the patient is made to feel the benefit and necessity of fresh air, first in the daytime, then at night, the latter being usually harder to accomplish. In those households of but one or two rooms, where the scanty supply of clothing and fuel makes comfortable warmth hard to secure at best, open windows for the patient mean a great sacrifice for the other members of the family. When there is anything in the way of a small veranda, balcony, or yard, the patients are often induced to spend the greater part of the day there, and for their comfort and protection the nurse secures an arm or steamer chair and warm, comfortable clothing. When there is no such adjunct to the house, an excellent method is one which seems to have been carried out quite thoroughly in Washington. The visiting nurses there are supplied with a number of wheeling-chairs, and patients unable to obtain enough fresh air in their own homes and premises are wheeled daily into the nearest small public square or garden, or possibly the garden of a neighbor, there to remain some hours. The head nurse of this society, Miss Washington, informs me that several wheeling-chairs are in constant use for the purpose of bringing tuberculous patients to the fresh air they could not otherwise obtain. What an argument for adding in every way to the green spaces which in London they call the "lungs of the city."

From Minneapolis we learn of a patient whose improvement is due to the hours spent daily on the sunny porch of a well-to-do woman of benevolent impulses. A small fund enables some district nurses to provide long, open trolley-rides to such patients as are able to take them. I should add that in the region of closely packed tenement houses, when other means have not been available, the nurses utilized roofs and fire-escapes for their patients. By these simple methods, and probably others of which we have not heard, it is possible to bring fresh air in some

degree to almost all patients, and it seems evident that almost invariably after having once become accustomed to it they "crave it," as one nurse writes, and will be found by the nurse in her subsequent visits with windows wide open.

In almost all of the households of the poorer classes the sleeping-accommodation is so limited that it is a problem to arrange matters so that a tuberculous mother, for instance, to quote one case found by the nurse, will not share the same bed with her three little children. It is a common matter to find a tuberculous patient sharing his bed with others, and by the close contact for prolonged periods rendering the chances of conveying infection much greater.

In some instances the nurse has found it possible to secure a separate room for the patient, but when this could not be done a small folding cot and bedding have been loaned for his special use. A very considerable number of patients have been supplied by nurses in this way with separate sleeping-accommodations. In Chicago forty-two patients were cared for in this way during the last year, in Baltimore twenty-eight, in Washington twenty-seven.

The disposal of sputum is generally accomplished by the use of sputum-cups, which are quite liberally supplied to societies for distribution by nurses. Anything which can be completely destroyed is, perhaps, more desirable than those articles which need periodical disinfection. For the purpose the use of small, stout paper bags as a receptacle, with Japanese paper napkins, common tissue, or even toilet paper, is recommended. The bags and their contents can be burned daily or as often as is necessary. The paper bags can be doubled, if necessary, and are not to be compared in cost with sputum-cups, even of the least expensive kind, while the advantage of simply burning the article instead of supplying chemical disinfectants to be used, intelligently or not, in the nurse's absence is obvious. The great expense in the care of such patients in their homes is and must continue to be in providing the proper supply of nourishing food. Nothing could be more clearly shown than the belief which is so prevalent among the nurses as to amount almost to a creed that lack of good, nourishing food is the cause of much of the trouble. Their efforts, consequently, are strongly and continually directed towards obtaining for their patients a liberal supply of nourishing diet. No matter what else fails, this must not. Milk, the best quality to be had, from one quart to two and a half quarts daily, and eggs, from four to eighteen within the twenty-four hours, are sent according to the patient's condition and needs to supplement his daily fare. While these are the staple supplies, meat, fruit, and other articles are occasionally added. The rapid gain in weight in many instances following the liberal use of milk and

eggs is one of the most satisfactory results of the work in the great encouragement it gives the patient as well as the nurse. Through diet kitchens, relief societies, and benevolent individuals the need in this direction is largely met, but the probabilities are that the demands on these sources of supply for such help will continue to increase greatly in the immediate future.

The observations made by nurses of the daily fare of the poorer working classes show distinctly the need of making the question of nourishment one of paramount importance. "Of what use are all other efforts," said a nurse to me recently, "so long as my patient (a small child with tuberculous trouble) often has nothing but bread and molasses for the three meals of the day?" In Baltimore the visiting nurse of the Johns Hopkins Dispensary is, among other things, making a careful study of the dietaries of the tuberculous patients whom she visits, and it is to be hoped that, later, students of domestic science will bend their energies to working out and placing within the homes of the great masses of the poorer working people, transplanted from other countries where food supplies are different, simple instructions telling how to buy and prepare simple, suitable, healthful food, cheap enough to be within their reach.

For the protection of the patients who must spend every possible hour out-of-doors warm clothing is absolutely necessary, and here again the charitable agencies and philanthropic individuals meet the needs in all instances where the patients can do little or nothing to help themselves. Small comforts for emaciated patients need not take the costly form of rubber rings, but rings as well as pads may be made of cotton or oakum and covered with gauze easily destroyed by burning. An economical article for use in keeping the patients' feet warm while out-of-doors is the old-fashioned country method of wrapping a hot brick in strong paper. It keeps the heat some hours.

An important point in the instruction of patients relates to the isolation of dishes. This is done very generally, and an endeavor is made to have the patient's dishes kept on a separate tray, quite apart from those used by the rest of the family. With the standard of cleanliness which obtains in the average poor household, especially in regard to dish-washing, there is no more necessary precaution than this. They are taught that the dishes should be rinsed in boiling water and boiled at least once daily.

An instance is recorded, found by a visiting nurse in New York, of a bar-tender who traced his own illness to the habit of drinking after others in the saloon where the glasses were rinsed in cold water only "between drinks." It would be an interesting and valuable piece of investigation to look into the dish-washing methods in the various places

where the public in large numbers follow each other rapidly for food and drink at counters, from the soda-water fountain to the ice-cream and hot-coffee counter at the "quick-lunch" resorts.

Probably no one feature of the work of the visiting nurse exceeds in value that watchfulness which keeps the Board of Health constantly informed of the need of disinfection of room or premises following removal or death. The actual number of such houses disinfected is surprisingly large in the few instances of which we obtained records. In reply to a question asked of a nurse engaged in this special work in New York we are told that the number of such houses is much greater than the number of her patients. "They become ill, discontented, blame their surroundings, and are inclined to move often." One patient in Baltimore moved five times within the year.

An exceedingly interesting phase of the work in Boston is the coöperation between the Committee for the Control of Tuberculosis and the Visiting Nurses' Society, by which the nurse who visits obstetric patients reports to the district doctor any symptoms suggestive of tuberculosis in an expectant mother. She is examined, and if tuberculosis is found, arrangements are made to put the baby at once upon modified milk.

Without variation the cry comes from every nurse and every society, "Our patients are nearly always in an advanced stage before we are brought to them." We can do much to bring relief and comfort, but until such patients can come into our hands in an earlier stage of the disease, improvement or cure can only be expected in rare instances. Much, however, can be done beyond the actual *alleviation* of the condition, work so dear to the heart of the nurse, the achievement of which has been for so many ages her sole thought. Even though the patient himself may not be saved, the safeguarding of an entire family from further danger of infection is what is being daily achieved in this work of nurses in the homes. It is almost impossible to overestimate the benefit of this work to the community if carried on by women of energy, ability, and enthusiasm.

The general destitution of the family as well as that of the patient comes under her eye, and relief through a suitable agency extends to all. Unhealthful occupations, not only of the patient, but of various other members of the household, come to her knowledge, and through a change of work better chances are provided for resisting the enemy. An instance is recalled in which a healthful change of occupation was provided for two members of a family in addition to giving the regular care to the patient.

Of equal importance is the fact that through her visits comes the light into dark places which converts ignorance into knowledge.

If properly utilized, what a contribution is available through her investigation to further knowledge of the social aspects of tuberculosis. How far can infection be prevented by such instruction, systematically given by trained workers in the homes? How great are the chances of recovery or improvement following from better food, more light and air, supplied to patients in their homes? What is known definitely concerning the relation between infected houses or rooms and those who contract this disease? What is the particular factor in the home life which predisposes more than any other to this disease? The nurses almost unanimously answer, "Poor food, poor in quality, in quantity, and, worse still, the way in which it is cooked."

Many instances have been quoted of quite astonishing results following the prescribed treatment of rest, fresh air, and good food when faithfully carried out even for a few weeks. We know that cure is not a matter of weeks, but of months or years, but the prompt visible response to right measures gives a promise which inspires confidence alike in worker and in patient. "On the whole," writes the nurse longest engaged in this work, "we are greatly encouraged by the way in which our teachings are received and acted upon, and by the results of our work generally. It seems the only way."

There are probably fifty District Nursing Societies in the various cities and towns of this country, each society supplying anywhere from two to sixteen nurses for the daily visitation of the sick poor. There are also a number of instances in which through her own initiative, or through the philanthropic impulse of one or more individuals, one nurse pursues as best she may the visitation of the sick poor and grapples single-handed with the problem of their care and relief. Such an instance comes to the mind of the writer,—namely, Newark, N. J.,—where one district nurse only is available in a city of three hundred thousand people. But summing up all the existing agencies in this direction, it is safe to say that not more than three hundred nurses for the outdoor relief of the sick poor can be found in the entire country of seventy millions of people. As a part of the general work of these nurses in their daily rounds consumptive patients and their families have been constantly visited, cared for, helped, and instructed.

But valuable as such work is, what is clearly needed is not the incidental, irregular work of any individual or group of individuals, but the full time, thought, and energy of those trained women who understand the meaning of a crusade and have caught its spirit. We want not only the groups of workers whose united effort reaches one hundred patients in the course of the year, but the rapid multiplication of the special workers whose concentrated effort brings each within the reach of five hundred patients annually.



## THE REORGANIZATION OF THE NURSES' ASSOCIATED ALUMNÆ

By ANNIE DAMER

Buffalo, N. Y.

It is not given to many of us both to sow the seed and to see the harvest gathered in, but those who planted the seed of a national organization for nurses seven years ago can already contemplate the waving fields, if not the full corn in the ear.

One period of our life as an organization has passed from childhood into youth, and we desire now to put away childish things, to take a broader outlook, and to voice more strongly our views on matters of professional and public importance. Nurses live naturally an isolated life, and lose all feeling of kinship if there is not some common bond of interest to unite them. The school alumnae first drew its graduates together and made one class known to the other. The awe-stricken probationer, who had looked with due reverence on the ex-head nurse just flitting off the hospital stage as she stepped on, found her in the entanglement of parliamentary debate a woman much like herself. As the recognition of sisterly interest grew, that of the community developed, and from the many by-paths the sisters of different stripes and caps wandered into a common fold, where perchance even now some of us look askance at one another, and because the cap with two folds is worn instead of the cap with one, or because some were pastured on the mountain instead of by the sea, we still have a feeling of estrangement.

We were fortunate in having good leaders in those early days, wise women who saw the need of combination, that the strong might help the weak, and that both might feel the force and inspiration that come from a common devotion and striving after an ideal. What was that ideal? Has the standard set up seven years ago been lowered, or carried forward always in the forefront? Do we demand less or more of our members or of the nursing profession? Positive forces have been at work making for what is best and highest in our education and organization, and much of the result seen in its growth, both in numbers and strength, is due to the enthusiasm, devotion, and self-sacrifice of those early seed-sowers.

In our fuller development we realize that much of our machinery has become cumbersome and antiquated, some of it we have never made use of.

That awesome Judicial Council, formidable as the Court of the Inquisition, where have its silent sessions been held? Has no member ever

violated the Code of Ethics or had a dispute with another member? But perhaps the council has been composed of parliamentarians and has required all charges and complaints to be preferred formally in writing, and while the complainant has been slowly and deliberately attempting to formulate her charge with pencil and paper the council has adjourned.

The Board of Control has a name which smacks too much in these days of legislative control, so we will have none of it in name, as we have not had in reality.

Our State societies have not organized when there were three eligible societies in the State, and although *alumnæ* members have been in the forefront of all State organizations, the trend has been towards organization independently of the national association.

For two years now much of the time at our *alumnæ* meeting has been consumed in discussion of questions of vital importance to us as a national organization. The doing away with the unnecessary has been simple enough, and the revision of by-laws which refer to our ordinary parliamentary procedure and the expedition of business has occupied little time or thought, for the necessity of so doing had already been demonstrated.

A question has arisen as to the advisability of admitting other organizations than those connected with the training-school—Shall the association be confined, as formerly, to nurse *alumnæ* associations, or shall the interest also of those who, severed by distance, are never able to attend the meetings of their own *alumnæ*, be considered. These local associations, probably, will never be numerous, and until the system of registration of nurses is completed, if not uniform, all over the country, and registered nurses organized into county societies as a part of the State society, it in turn forming a division of the national body, we shall have to continue as an organization of federated *cubs*. These local associations of nurses, if holding the same standard, should certainly be entitled to affiliation. There is nothing either in our name or constitution to prevent it. These associations would bring in an element which would be essentially helpful. In them the individual nurse learns more quickly and effectively the true professional idea, and though her heart may beat as loyally as ever for her Alma Mater, she is judged there by her ability and qualifications as a woman and a nurse, and not by the standing of her school.

Our two years in the hospital marks the culmination of our educational training—our true university life. In the broad outlook which that life should give, if we have the true university spirit, let us not look loftily either on the local association or the small hospital *alumnæ* which has the true nursing university spirit. All associations which

are striving for the uplift of the profession and the raising of our educational standards should receive recognition. We may have vague ideas as to what we wish to accomplish, but the mere fact of joining the association stands as a protest, however weak, against the materialistic tendency of our age, as common among nurses as among ordinary mortals, and the payment of the two dollars yearly dues is just that much a weakening of the spirit of utilitarianism and selfishness.

What place should the State association have in our reorganized society? The original idea of the State association being a union of alumnae associations has not been carried out, or only in a partial way, in some of the States which have organized. But it is important that there should be some form of affiliation with the national. It is not our province here to discuss the work to be undertaken by the State societies or the nature of their organization, but the best means of coördinating their work and of establishing a common platform where the problems which confront us all alike can be intelligently and unitedly discussed, and where we may unite and strengthen the efforts for professional improvement.

One way for the State association to be affiliated would be for it to come in on the same terms as the alumnae society, as an individual club, with exactly the same standing and representation, but the State associations, with their duplicate memberships, comprising, as they do, the majority of the members of the alumnae societies, who have joined either individually or in a body, could hardly be received on the numerical plan—entitled to a delegate for every fifty members. It would lead to endless confusion in the effort to determine what representation each association was entitled to in order to prevent cumulative voting.

On this method of representation it would seem better not to consider the affiliation of the State societies with the national body.

Another way would be the "one club, one vote" principle, the truly democratic plan, giving the small club the same representation as the large one, and the large one no more authority than the small one. Each association would pay a fixed sum yearly into the treasury regardless of its size, a plan which might appeal to the larger societies, but would hardly be feasible unless we had several hundred affiliated societies, as the small clubs would not be able to bear any additional taxation.

If the Associated Alumnae is not prepared to admit all societies, large and small, on the same terms, and the difficulty of ascertaining the proper representation according to members not already included in the alumnae reckoning appears insurmountable, there still remains another plan. Each affiliated State society might be allowed a certain number of delegates at large, one or more, as the national society might

determine, each State society paying a fixed sum yearly into the national treasury, with the local association sending delegates as heretofore, according to their size, one delegate for every fifty members, and contributing proportionately.

The balance of power would remain in the hands of the *alumnæ* society, yet the State society as an organization would be represented separately.

A State chairman or secretary might be appointed by the Associated *Alumnæ* for each State, who would report matters of interest and progress in her State, and whose attitude towards the State association would be not one of dictation or authority, but of suggestion and inspiration.

She could also present to the Associated *Alumnæ* recommendations on important matters discussed at the State meetings and put into a condensed form after due deliberation. These would carry more weight than the recommendation of a single association, and less time would be wasted over discussion on unimportant points of a question.

A few words regarding our by-laws, which have been under discussion for the past two years, many of them passed upon as meeting our approval but not formally accepted. It is very desirable that there be no further delay, and that we shall leave the Philadelphia meeting with a good working constitution, satisfactory to all.

As to eligibility and membership, would it not be well to state that a society should be in existence for at least a year before being admitted, and have an active membership not fewer than —?

It also should be stated to whom application must be made—to the Board of Directors through the corresponding secretary, an important and necessary officer in our large constituency and one not yet provided for.

We need a Board of Directors, but it hardly seems wise to permit these positions to be held by the State presidents, elected by a separate body at separate meetings. The national association should elect its own officers. These may be chosen to represent each affiliated State, but should be the choice of the national body at its own election. It might be desirable, also, to state the length of the term of office.

"If holding office is an honor, it should be passed around; if it is a burden, it should be shared." Under our present system an officer continues from year to year very often against her own wishes and inclination; she does not wish to appear to shirk, and the voting members do not wish to appear as if they were dissatisfied.

If we stated in our by-laws that the term of office should be two years, or one, and that no officer or member of the Board of Directors should be eligible for two consecutive terms, it would be less difficult

to secure candidates, and the honors and burdens would be more equally distributed over the different societies of the country. A certain number of the Board of Directors might be retired each year if the term of office were two years.

A different plan of voting might also be arranged for—that the elections should take place in a separate room with the polls open for a certain number of hours, thereby not delaying the programme or business of the convention.

It would be desirable to incorporate a by-law with reference to the expenses of officers, whether or not any officer shall be salaried, and whether officers incurring expenses in the service of the association shall be reimbursed or bear them themselves.

No officer of the national association should be sent as a delegate from her *alumnae* association. It is not possible to grant two elective offices to one person.

These are only a few of the points which suggest themselves which were not brought out at the last annual meeting. It is hoped the delegates will come to the next prepared to adopt a constitution which shall be our rule of guidance for the expedition of business for some time to come. Then let every woman "have a mind to work."

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## THE THOMAS WILSON SANITARIUM FOR THE SICK CHILDREN OF BALTIMORE

By J. H. MASON KNOX, JR., M.D.

Physician in Charge

DURING the last few years in many of our large cities much additional interest has been aroused in the problems having to do with the care of infants, including the prevention and treatment of their diseases. The large death-rate among these little people, particularly during the summer heat, has lately only received an attention on the part of the medical profession and the public at all commensurate with its importance. The endeavors to secure pure milk and better housing accommodations for the poor of crowded communities are being multiplied and are saving many lives.

At the Thomas Wilson Sanitarium for Sick Children situated near Baltimore, devoted largely to the care of infants suffering from intestinal diseases prevalent during the summer, the work has been naturally developed along two lines. First and most important, it was sought to take the best possible care of the patients committed to the sanitarium,



making use of the most approved methods of treatment; and, secondly, an effort was made to investigate the nature of these disorders by means of study in the laboratory.

As many of the readers of this JOURNAL are familiar with the general features of the work at Mt. Wilson, mention only will be made of the several lines along which progress has been made during the last two years. It seems particularly fitting that nurses should be familiar with diseases common to children, for in no department of medicine is the daily care and diet of the patient proportionately so important.

#### VOLUNTEER NURSES.

In the summer of 1902 the organization of the nursing force at the sanitarium was somewhat modified. Theretofore graduate nurses about twelve in number, and all equal in rank, had been engaged—wherever they were available—for service under the matron, a nurse. It was then thought that as the service at Mt. Wilson presented unusual opportunities for a nurse to learn much concerning the care of ill children, a part of the nursing could be as effectively done by volunteers, either graduates or seniors in training at recognized schools. This arrangement has been in force for two years and is giving increasing satisfaction.

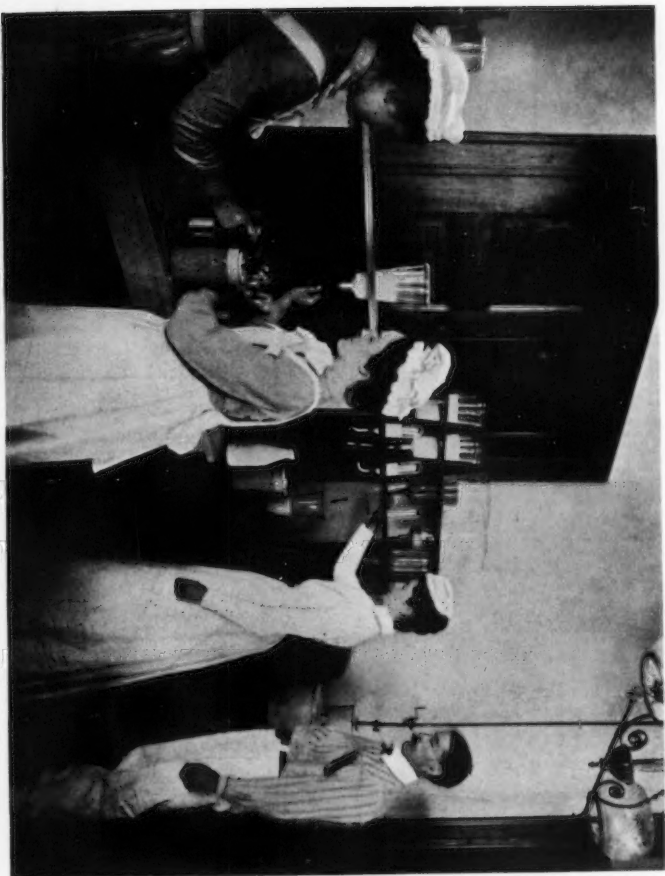
Each ward is placed in charge of a nurse particularly experienced with children, and her assistants are these volunteer nurses, who serve usually for six weeks, either from June 1 to July 15, or from the latter date to September 1.

Under a recognized head nurse in the wards discipline is more naturally maintained and the work perhaps more efficiently carried on, as only those nurses care to give up six weeks without compensation who are in earnest and are particularly desirous of learning more about the care of sick infants.

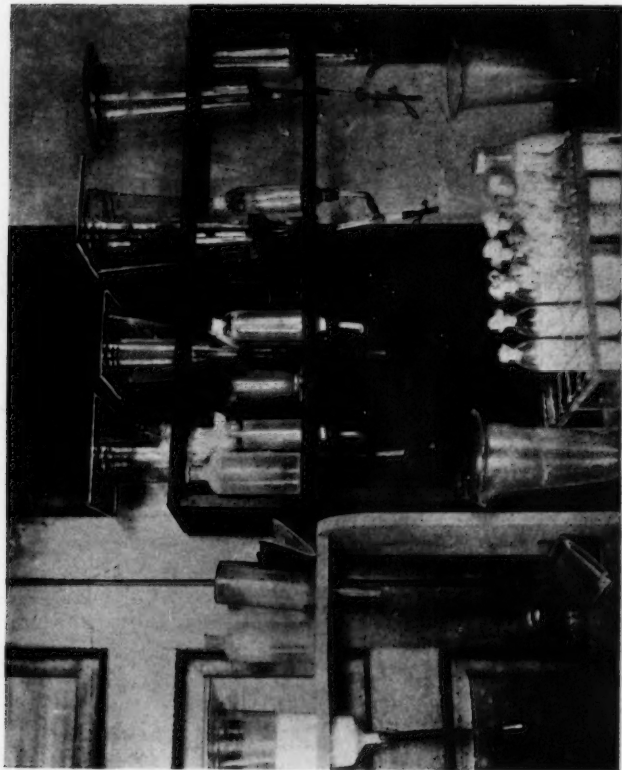
During the summer a number of informal talks are given to the nurses upon subjects pertaining to their work, and they are urged to accompany the staff on the morning visits whenever possible. Last season seven graduates of the Johns Hopkins Training-School did very satisfactory volunteer service at Mt. Wilson. There were also representatives doing good work from St. Luke's Hospital, Richmond; the Home for the Sick, Petersburg, Va.; Roanoke Hospital, Va.; the Methodist Episcopal Hospital, Philadelphia; The Moses Taylor Hospital, Scranton, Pa., and several others.

It is felt that a nurse who has had training in a general hospital and who is interested in children can hardly better round out the sum of her knowledge than by a six-weeks' stay at Mt. Wilson.





PREPARING VARIOUS FORMULAE AND FILLING STERILIZED BOTTLES, BEING CAREFULLY ASEPTIC



STERILIZED TUBES, RESERVOIRS, ETC., FOR MILK, WATER, AND VARIOUS  
CEREAL WATERS, ALSO EGG ALBUMEN

#### NURSERY-MAIDS.

A course for the instruction of nursery-maids was started at the sanitarium two years ago. It is aimed to select at the beginning of each season six young women of good common-school education and give them in four months a practical training in the care of infants and older children. These girls learn how to bathe and dress the babies, prepare their nourishment, etc., under the nurse's direction.

A simple text-book is used as a basis of instruction, which is conducted in large part by the matron or one of the head nurses.

These girls are supplied with uniforms, and are expected at the end of the summer to accept situations as nurse-maids in private families.

There are now about half a dozen girls trained at Mt. Wilson who are giving entire satisfaction in families in and about Baltimore. It is hoped that in this way also the sanitarium may become increasingly useful to the community.

#### MILK MODIFICATION.

The room for the modification of the milk, fitted up in 1901, has been used each season since. Here the various percentages of proteid, fat, and sugar are combined in the milk from standard mixtures, and whey and the cereal waters are prepared according to the needs of each baby.

Opportunity is given to both nurses and nursery-maids to become familiar with these methods of infant feeding.

#### DIET OF CONVALESCENT PATIENTS IN THE CITY.

Of late years more attention has been given to the care of the babies returned convalescent to Baltimore. The work of the institution is but partly done when the children who have recovered from severe intestinal diseases are sent back to their homes in the crowded districts and to the impure milk of the corner grocery. Now whenever a child is discharged, the diet and any especial directions necessary are telephoned to the sanitarium nurses in Baltimore, who continue their visits at the home as long as there is any need. This year the sanitarium aided the families of its patients in procuring milk from the Walker-Gordon Laboratory.

#### THE NURSE THROUGHOUT THE YEAR.

Throughout the year a nurse is employed by the sanitarium to visit among the children of the poor of the city. In this way a great deal of immediate good is accomplished and the purposes of the institution are kept fresh in the minds of many families.

## LABORATORY WORK.

The last two years have been particularly busy ones in the laboratory.

Largely through the ingenuity of Dr. V. H. Bassert, pathologist to the sanitarium, and assisted by grants from the Rockefeller Institute for Medical Research, the laboratory has been equipped for pathological and bacteriological work. At the suggestion of Dr. Flexner, of the University of Pennsylvania, at the beginning of the summer of 1902 there was undertaken a systematic examination of the discharges of infants suffering from diarrhoeal disorders. The work was carried on at Mt. Wilson by Dr. A. W. Duval, of the University of Pennsylvania, who had had considerable experience, and by Dr. Bassett.

These investigators, out of fifty-three patients examined, succeeded in isolating the *Bacillus dysenteriae*, Shiga, from the stools in forty-two instances. This organism had been known only for a few years as the cause of a severe variety of dysentery in adults.

An analysis of the cases clinically at the sanitarium showed that the series in which the specific germ was found represented the several varieties of intestinal diseases grouped together as "summer complaint," and led to the confidence that a large proportion of the so-called summer diarrhoeas of infancy are caused by this bacillus.

During last summer the work has been abundantly confirmed not only at Mt. Wilson by Dr. Bassett, but in New York by Dr. Duval and others, and in several other large cities. Now for the first time after many years of investigation methods calculated to check or prevent the great scourge among infants can be placed on a scientific basis.

This summer an immunizing serum prepared under Dr. Flexner's direction was used in a limited number of cases. To some it seemed helpful; to none was it in any way harmful, and it is hoped that this may in the future prove to be a very useful therapeutic measure in the early stage of the disease.

Other work has been carried on in the laboratory of the sanitarium, but perhaps enough has been said to point out the chief directions of our efforts during recent years.



## THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS \*

By LILIAN D. WALD

(Continued from page 431)

### SOCIAL REASONS FOR NOT SENDING TO HOSPITALS.

THE withdrawal of the mother from the home is always most serious and may involve the separation of the family, storing of the furniture, and the possible demoralization of the group. Sometimes her medical need must be subordinated to these considerations. If, however, the nature of her disease and the poverty of her resources require hospital care, a grown daughter, a sister, or a grandmother should assume the responsibility of keeping things together. Failing in this, there is a faint possibility of engaging a woman to look after the family; but this is uncertain, and we must look at the removal to the hospital from the woman's standpoint. She sees herself returning in a weakened condition, gathering furniture and family together, neither the better for the wear and tear of being "put by." However, these considerations must perhaps be set aside. In that event the children have to be cared for, perhaps the furniture stored, and her return anticipated. Little children may be left with friends, if there are such, remembering that the children's schooling should not be interrupted, if possible. In the absence of such friends, temporary institutional care may be provided, such as St. Barnabas Guild in New York. Grown children and a father can usually manage, and with a little friendly looking after on your part (if there is no member of the family to do so) the mother's absence can be safely risked. In one instance where we had the responsibility during the absence of the mother at the hospital, the father remained at work, the children were kept at school, and a little twelve-year-old girl, whose schooling also was not interrupted, was able to manage, with the assistance of a woman who did the family washing once a week, gave all of the children a bath, and who helped the little girl once or twice in the evening, that the week's accumulation might not be too heavy. The breaking up of the family—even temporary—is a matter for serious thought; yet deplorable results may follow if the father leaves his work to nurse the mother, loses his employment, and, being inexperienced, manages the household unwisely, sometimes destructively, and brings about the demoralization you have endeavored to avoid.

\* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.

There is practically no social reason other than that of breaking the family tie why a man (father or brother) should not go to the hospital. His illness is expensive, and the nursing, with increased laundry work added to the other cares she must assume, will fall in full measure upon the wife, often with serious injury to her health. From all points of view the sacrificing of the health of one to secure the health of another is foolish. You will usually find that the wage-earner of the family will see many reasons against his disinclination if assured that the money needed for his illness could be used for keeping the house together. If for one reason or another the patient is left at home, there should be adequate care not only for the patient but for preventive work. A patient should have a bed alone. It may be necessary to loan a bed or cot. Sick-room conditions should be established as far as possible—a good place for the bed, a table, chair, or shelf neatly fixed with tray for medicines, patient's supplies, etc. If a district nurse attend, she will give or instruct that the patient if in bed have a daily bath and sufficient linen to keep him and the bed clean. Regular provision should be made for suitable and sufficient nourishment. Sick-room appliances and supplies can usually be loaned. There should be the systematizing of the nursing, in crisis a night nurse engaged, and if the patient is a woman provision for the care of the family and the house, that the husband's employment be uninterrupted. Engaging someone to scrub and wash and to remain with the patient during the day is preferable to the man leaving his work. This, of course, means a case where there are no grown relatives who can be summoned.

#### HOW TO REGARD OTHERS IN THE FAMILY.

Members of the family, relatives, or neighbors should not be allowed to feel that an outsider has desire or inclination to carry the burden; rather have them feel that you are coming in to share with them and consult as to the steps taken. Indeed, not infrequently the advice from the interested neighbor, who knows the circumstances and habits of the family, is most practical. If you cannot establish coöperation with the family or their friends, you will labor under the disadvantage of having your advice discredited and your injunctions disregarded as soon as you have turned your back.

#### RELIEF.

Relief may come from various sources, and can be secured through the nurse or visitor without unpleasant effect. I have known frequently a sick person receive milk from the New England Diet Kitchen, ice from a fund, groceries from a society, bedding from the settlement, physician



and supplies from the dispensary, cot and delicacies from a neighboring club, and flowers from a guild—all summoned by the district nurse and not differing, except in degree, from care received by the well-to-do.

Actual relief other than that outlined in the foregoing exclusively for the sick one will be indicated if the wage-earner is incapacitated and if no money has been saved for the rainy day. If the illness is temporary, I should not say that the mere fact of illness justifies the family in seeking outside relief other than medical. Self-respecting people will pawn portable things before asking this, though properly availing themselves of free doctor and nurse.

The question whether the charity visitor should provide money to pay for the doctor when the services of a free doctor can be secured is perplexing. Excellent practitioners engaged by the dispensary are often disregarded for the less efficient, and as this is often a question of personal trust and confidence it is not easily remedied. One frequently experiences the dismay of seeing money entrusted for a specific relief turned into the hands of the doctor, who may not even know the circumstances of the possession, or who may know and who may feel that he cannot be known as a charity doctor, lest he be continually demanded for unpaid services to the destruction of his pay practice.

If sickness is long continued, the relief should be planned to extend adequately, and with no uncertainty to the patient as to its possible withdrawal. A wage-earner may be a semi-invalid and able to earn something, though not sufficient for his family's needs. The income of all the wage-earners should be reckoned, expense of sickness added, and aid given for a specific purpose—rent or food or appliances prescribed. In one case under our care a wage-earning member of the family was ill, his proper care calling for expensive surgical supplies. Private relief was secured to cover the expense of the treatment the equivalent of the young man's board, which was paid to the mother.

Rooms in which there is contagious disease should not be entered by the charity visitor, though I say this with hesitation, as complete isolation, as stated before, is not possible, and none of us are consistent in this matter.

Before dismissing the question of hospital advice one must bear in mind that no large city, certainly not New York, can give hospital room to all of its sick. It is therefore obligatory upon us to seriously plan for what might be called hospital care at home. This I believe possible under an extended district nursing service, which shall not be advisory nursing, but actual care of the sick. Recognition of this has brought to New York City, first under Dr. Lederle and now maintained and extended by the present Commissioner of Health, the services of district nurses for

contagious diseases in the tenements, the system from the first specializing for each disease. Thus there is a measles nurse, a scarlet-fever nurse, a diphtheria nurse. There is now under consideration the districting of the city by nurses for patients suffering from tuberculosis, also to be under the Department of Health. The fact that there is contagious disease in the family often brings additional hardship. When employment has been stopped, particularly in the case of women who work at home or who go out, if we believe, as I hope we all do, in the protection of the general community, it is an obligation upon us to see that the cost of this social conscience does not fall upon the poorest, the one deprived of the work.

The problem of the chronic invalid is not easily solved on account of the inadequacy of suitable institutions. There are some, however, and pressure can rightly be brought when the health of others, particularly on account of pulmonary tuberculosis, needs consideration. When the patient can be properly cared for at home, if there is insurmountable objection on the part of the patient to go to an institution, and reasonable care is given by the family, it seems sound to say that the cost of the maintenance of the patient in an institution can, without demoralization, be added to the family's income, and thus enable it to keep the incurable at home.

Friendly visitors can give valuable assistance, and establish unstrained connection with the families by assuming partial care of the children requiring orthopaedic attention. These usually require being taken to the dispensary, and the saving of the time of a possibly overworked woman by attending to removal of splints, etc., is important. Such children frequently require instruction at home and regular outings, and it should not be difficult to share her responsibilities with her. One must begin very early with such children to consider the preparation for trade or profession, and there is call for thought and endeavor covering many years.

The dread of the hospitals seems inherent in many. The memory of many continental hospitals, with their want of personal consideration, and their high regard for scientific research, is partly the cause, I think. Our own hospitals, however, are not always free from the charge of being more or less mechanical and impersonal. It is, however, the first hour, the entrance to the hospital, that chills the patient and friends, and the willingness on your part to accompany the patient to the hospital, and thus make a link between the institution and the patient, the doctor and the nurse in the ward, would oftentimes do away with the objection. Such efforts as Dr. Lederle made, by taking parties of those most directly interested to see the hospitals for contagious diseases, were

right and humane, and did actually make a difference. His provision for the possibility of friends telephoning to a convalescent friend, directly to the ward, was another step towards the elimination of fear and doubt.

(To be continued.)

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### THE IDEAL NURSE

#### A RECIPE

If you would make an ideal Nurse,  
Just follow these directions terse:

Take all the virtues, one by one,  
That can be found beneath the sun;  
Rude health will surely be required,  
And strength and patience never tired;  
Truthfulness almost to excess,  
With tact that borders on *finesse*;  
The man's control of heart and nerve,  
The woman's eagerness to serve;  
A spirit capable of sway,  
Yet trained in meekness to obey;  
An aim sublime, a tender heart,  
The skill to act a varying part;  
An observation wide and clear,  
A watchful eye, a listening ear;  
A hand as soft as velveteen  
Though often washed in one-nineteen.

Take these and mix them, if you please,  
In right combining quantities;  
Add as a flavoring, generously,  
Strong essence sweet of sympathy;  
And like a sauce to bind the whole  
Use true unselfishness of soul.  
Warm well—the mixture's spoilt if cold;  
Serve in a neat and tasteful mould.

MAY JUST.

## ETHICS OF NURSING

By FRANCES M. QUAIFE (Plagiarist!)

Superintendent Tour of Infirmary Training-School for Nurses, New Orleans, La.

Wrote by Mrs. Guelber +  
Sept. 1916  
May 1917  
Hesperides  
Bull. See p. 67-68

THE science of duty and the principles of duty as applied to nursing—what do they embrace? Much more than technical knowledge and skill, important as they are, that years of study and training and experience can give. Underlying them must be the motives and thoughts that, converted into action, will make the performance of every act an expression of the spirit of the noble profession that nursing is.

It has been said that in education the aims called for by the world are embraced in the two words, character and health. The precepts and practice of the Great Teacher in His perfect human life establish that truth, but it has been a long while dawning upon the minds and mellowing the hearts of the inhabitants of the world. The fact too is gradually enlightening the understanding and bringing practical results in the readjustment of educational, social, and industrial standards along altruistic lines.

Nursing is a manual occupation and a profession based upon character and health, and a woman engaged in it is afforded peculiar opportunities for exercising and cultivating her natural faculties in the direction that meets these aims. Whether in the ranks, as a private nurse caring for one patient at a time, or in settlement or district work, or in charge of a ward or a training-school or a hospital, she should recognize herself as a product of the evolutionary forces that are at work to perfect the race. That is a wide perspective, but it is the one view that will serve as the true incentive to live up to them. By being herself an embodiment of plain living, high thinking, and healthful, cleanly habits, these traits become the strong warp of the character that she is weaving into the web of life, which depends for its beauty upon those graces of heart and soul that form the woof. What are those graces? They are the fruits of the spirit: love, joy, peace, long-suffering, gentleness, faith, righteousness, and truth.

Consider for a moment the quiet beneficence of the influence of such a character wherever she moves, and especially at the bedside of the sick and suffering. Her presence, her look, her touch, radiate health and comfort and sympathy, and they, together with her knowledge of technique, her systematic methods and skill, her unobtrusive, helpful ways, inspire confidence in the doctor, whose helpmate she is; in the patient, who depends largely upon her for cheer and courage; and in those who are nearest to the patient through ties of kinship and love.

That broad outlook is necessary for her own intellectual health and happiness, and will preserve her from the mistake of narrowing her field of observation and interest, and from allowing her trying routine of details to sink into drudgery. It will dignify her conception of work, and she will come to think that what she can do is her chiefest ornament, the main thing being to do her work well. She will realize that her vocation is truly that of service, and that, however humble her offices for those entrusted to her care may be, they are worthy of her intelligent thought and conscientious performance. Nothing in her line of duty will seem to her common or unclean. She will not shirk disagreeable things that fall to her lot, but will look upon them rather as means of self-discipline, and upon such discipline as a forming principle in the development of character, as a means to the end of subjecting indolence and self-indulgence to the higher powers of her moral nature. She will strive for a broad culture—a culture that is no mere dead possession, but a power of determination; a power that is life—inward, personal life, full of independence and not subject to the will of others; a culture that is a determining factor in deciding what is right for herself, and how best she can perform the work that has been assigned for her to do. To the nurse who lives in a club this phase of experience must often present itself, for unconsciously she is influenced by others, and not always rightly. Of individual responsibility no one can relieve her, and she should not want to be relieved, for the measure of her responsibility is the test of her capacity and strength to bear burdens and to help carry on the world's great work, and having direct access to the great source of strength and wisdom, there is no limit to her acquisition of capacity.

With the presentation of these few thoughts relating to the principles of the ethics of nursing, is it not appropriate to indulge in a little introspection and inquiry?

Does the nurse live up to her ideals? Does she even try very hard to do so? Does the desire to do perfect work in every detail take possession of her mind and heart, and the thought of self-sacrifice and service enter her conception of her work?

Does she dwell upon her duty to herself chiefly in regulating her pecuniary reward for a certain amount of work not to exceed in value the money to be received? Does her relationship to her patient mean, first, a stipulation for so many hours off for rest and sleep; a jealousy as to, and a misunderstanding on her part of, her position in the family, manifested by her receiving her friends as callers in the home of her patrons, who are paying for her time and services? Is she forcing the doctors to understand that her training and skill and experience have prepared her for only a few choice and very select cases, neither too

long nor too short, the location not to extend a mile beyond a certain limit, the time of day an important matter, while after midnight no one need apply, however inconvenient it may be for the hopeless patient to regulate the hour of sickness? Does she ignore the ordinary laws of business relations in her intercourse with the community, and think that, because she is a nurse, she is exempt or entitled to special privileges? In what light does she view that most sacred office of ministering to the mother in the trying hours of her labor, when she most needs the skilful services of a trained nurse, that she places obstetrics on the tabooed list?

It cannot be that she entered upon this holy office of caring for the sick with the thought that it was a life of ease? that she is looking for the luxuries of life where she must expect to find much hardship and personal discomfort?

What is the actuating principle that will make a nurse decline to accept a call when a man states frankly that he cannot afford to pay her full rates for her attendance on a sick member of his family, but that he is willing to pay her the whole of his salary? In short, is the spirit of commercialism and self-indulgence taking possession of and extending its influence through her beautiful profession?

Is the nurse keeping herself abreast of the times? Is she making use of her opportunities to develop herself for the wider field of usefulness that is yearly opening up before her? Does she even acquaint herself with her opportunities of self-improvement in her own line by means of new text-books, the nursing journals, the alumnae meetings, post-graduate work, or clinical advantages?

Is she making herself an indispensable member of her own alumnae association by honest, hard work, or is she contenting herself with criticising its weakness?

Let each nurse bring these questions home to herself and answer them in the searchlight of conscience.

The great army of self-sacrificing workers in this profession need no defence or public recognition. Their noble deeds are performed, and their devotion to duty and charitable works are bestowed, without thought of favorable comment. Their reward is sufficient in knowing simply that they are helping those more needy than themselves, and that they are doing it for the love of humanity. If record is made, it is made by Him who said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

Many of you have probably read that beautiful tribute paid by the Rev. Reed Stuart to Queen Victoria. Because we are women with ideals, and nurses with an aim and a purpose in life, let me repeat its closing



lines here: "It is not fashion nor wealth nor social position that imports, only truth and love and faith and duty; only passion for spiritual ideals can make life possess any lasting value. All who thus live, whether in a palace or in a cottage, belong to earth's nobility. Queen, crowned of God—her empire is not bounded by India and the islands of the sea, it includes the sunrise and the sunset and the splendid stars."

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## HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON  
Graduate Post-Graduate Hospital, New York

(Concluded from page 435)

"As a man's home is, such is his life. Life is given us that we may train all our faculties, and the business of the Twentieth Century is to see that the home shall make man, woman, boy, or girl stronger and better fitted for new duty all the time."

—EDWARD EVERETT HALE.

THE thoughts of spring house-cleaning are borne in to us on the waves of fresh spring air, as we open wide our windows these April mornings.

Nature is cleaning out-of-doors, with buckets full of clear rain-water, numerous wind-brooms, and dainty new draperies and carpets all over her summer home, and the good housewife prepares to fold away all thoughts of winter in camphor bags and cedar chests, and put the house in summer attire before the languid days are upon us.

In order of sequence the kitchen is the last room in the house to be adorned, but we will reverse this order for once and commence at the foundation of our homes, keeping in mind the importance of applying the principles of hygiene to everything which is of service in the care and preparation of the material which we use in building up our physical life.

I venture to state that in the majority of homes, great and small, little attention is paid to the hygienic surroundings of the room where our daily bread is prepared.

We are flooded with health-foods, scientific treatment of diet, selected diet-lists to suit all sorts and conditions of man, but behind all

lies the kitchen, sometimes dark, gloomy, and unhealthy, and frequently in need of a thorough overhauling.

To begin with, sunshine almost never gets a chance to peep in at the kitchen window—that is, in the city homes, with the low basement kitchen of the self-contained house, or the slip of a room on the darkest and least attractive side of the apartment-house which is set aside for the workroom of the home.

For the sake of the cook, maid-of-all-work, or home-mother who has to do her own work, as well as for the benefit of the family who eat the food prepared in the kitchen, sunshine must be introduced artificially if it cannot come naturally.

The ceiling and walls require painting much oftener than the rest of the house, as they grow dingy rapidly.

A pale yellow on the walls will almost deceive one in regard to the absence of sunshine; white soils too soon. Enamel paint should be used, and if washed off once a month, will always have a bright, clean face.

Oftentimes a blank wall stretches its gloomy length in front of the kitchen window, grimy with coal-dust. Nothing will overcome this difficulty but a fresh coat of paint on the wall and a clean muslin sash curtain at the window, which latter has another advantage, as it tends to curb the curiosity of one's neighbor.

Linoleum for the floor should be in very light colors, the design small, and the pattern clear and decided. In country kitchens a small rug at sink and washtubs during the winter will receive grateful recognition.

In the home where one maid is kept a gas-stove is without equal for saving time and trouble: no ashes to be removed, no fire to be watched, or agonizing efforts to make it burn when determined to go out at the critical moment. All the removable parts of the stove should be boiled in a strong solution of washing-soda every six months, and the gas will burn brightly and evenly.

Porcelain sinks are now placed in the new kitchens, and they are a delight to the eye in contrast to the dark, doubtful depths of the old-time sink; of course, a wire brush, with no resting place for microbes, usurps the place of the old straw sink-broom.

The pail for scraps should have a close-fitting cover and be scalded and aired daily.

In an up-to-date modern kitchen, with walls tiled to the roof, electric light, and many other luxuries, I was shown the large kitchen table covered by a heavy sheet of glass, certainly the height of kitchen hygiene, as it is so easily cleaned and allows no resting place for germs.

This kitchen contained a rack to hang pots of all sizes of polished

copper, but the cook opened the glass doors of a large closet and pointed to a supply of granite ware, which she said were the real workers, the copper ones being ornamental but not useful, on account of the polishing they required.

Whatever we undertake to do, we are greatly helped by having our tools at hand, and so it is with cooking. A carpenter's strap fastened on the wall, over the stove, to hold large and small spoons, forks, knives, etc., saves many footsteps, also a shelf with a row of neatly labelled bottles for seasonings and small groceries. All sorts and sizes of bottles, jars, or boxes may be utilized, the main point being to have a cover and plainly marked label for each, and to put the shelf in a convenient place.

The well-run apartment-houses employ a man to visit all the kitchens once a week and blow around a strong powder to prevent cockroaches from taking up their abode, and the plan is excellent—not to await their arrival, but to powder all suspicious corners weekly and thus discourage their advance. Absolute cleanliness, with no food left uncovered, is the greatest aid in getting rid of these pests.

"Please, ma'am, may I see the kitchen?" is not infrequently asked in these days by the maid applying for a position. And not without reason is the place refused when she is ushered into a gloomy, unattractive kitchen, where she is expected to spend the greater part of her time.

We are learning rapidly that our surroundings have a large influence on our lives, and a self-respecting woman cannot do justice to herself or her work when doomed to work in a dreary atmosphere. There are kitchens (and they are not few) displaying a woeful lack of clean paint, fresh air, and sufficient light, crowded with unnecessary furniture, and sometimes even pressed into service to do duty as the cook's sleeping- and dressing-room. How can we expect such a kitchen to produce clean, well-cooked meals!

One of the perplexing causes of the "servant question" would be removed if the mistress took more care to make the kitchen an attractive workroom, and the majority of girls will take pride in keeping the room dainty and clean if the mistress shows an interest in it and looks over it at least once a week.

As regards the comfort of the cook, be she maid or mistress, a bright, growing geranium in the window will refresh her eyes, and a comfortable little rocking-chair ready for a moment's rest "between whiles" will relieve the tired back and feet and give evidence to the fact that all the comforts of the house are not confined to the living-rooms of the family.

## RADIUM

By MRS. E. M. SIMPSON

Superintendent of Nurses, Massachusetts Homœopathic Hospital, Boston, Mass.

THE discovery of the new metal, radium, seems to be one of the very greatest importance both from a practical and scientific standpoint, and, as we as nurses are pleased to count ourselves among those who take an interest in scientific progress, a description of this remarkable element, gathered from the many newspaper accounts and magazine articles, but without their tiresome and often incomprehensible technicalities, may be interesting and instructive to those who have not the time or, perhaps, the inclination to do their own weeding.

Radium is one of three elements which are spoken of as "radio-active elements," all differing widely from one another in many ways, but possessing one property in common: they emit spontaneously certain peculiar rays called Becquerel rays, which act on photographic plates, produce heat and light and many other important effects. These rays, to which his name has been given, were discovered quite by accident by Professor Henri Becquerel, of the University of Paris, in 1896. He undertook some experiments to test a theory advanced by several French physicists that X-rays might be produced if phosphorescent substances were exposed to sunlight instead of the electrical action of a Crooke's tube. A mineral containing the metal uranium was placed upon a photographic plate and wrapped in dark paper. A storm came up before the experiment was completed and postponed it for several days, during which time the plates were left in a darkened room. When the work was resumed, thinking some change might have taken place, he developed the plates instead of leaving them to be destroyed, and the result was better pictures than he had ever obtained before—all due to the rays from the mineral, the exposure to sunlight not having affected it in the least.

Further investigation, however, proved that the rays produced by uranium were too feeble to be of any practical value, and M. Becquerel's discovery would have aroused little interest had it not led to the more important one of this unique element, radium.

It is interesting to know that its discovery was due primarily to a woman, Mme. Sklodouske Curie, in consequence of which she now ranks among the most prominent scientists of the day.

Mme. Curie began her work in 1897, and the task she set for herself was like searching for specks of dust in a sand-hill or "drops of perfume scattered in a river." She soon made the surprising discovery that

minerals containing uranium were more radio-active than the metal itself. This led her to believe that some other and more active substance was present. A little later she was joined in the search for the new element by her husband, M. Curie, and together they solved the problem. Radium has not yet been completely isolated, but is obtained in some of its simpler compounds, chloride of radium being the commonest form and looking like ordinary coarse-grained salt. To secure one grain of the powder requires the treatment of half a ton of pitch-blende, the mineral from which it is produced. The removal of uranium reduces it to a lumpy, reddish powder, and this constitutes the raw material from which radium is extracted. Some idea of the tremendous amount of work and time involved in its extraction and manipulation may be gathered from the fact that out of tons of uranite powder and years of work only about a tablespoonful of the pure chloride of radium has been obtained. France and Germany each have about one gramme, America has a little less than that amount, and the rest of the world only about one-half gramme.

M. Curie thinks it is doubtful if there is much radium in the earth, and what there is seems to be so thinly scattered that the cost of taking out and purifying it is almost prohibitive. It has been estimated that under existing conditions radium is worth about three thousand times its weight in pure gold. An interesting fact has been noted lately, however, and that is that the air from deep borings in the earth and waters from mineral springs have been found to be radio-active. This would seem to indicate its presence in considerable quantities.

The properties of radium are extremely curious. It is spontaneously luminous, emitting a light which resembles that of the glowworm. It spontaneously charges itself with electricity, and possesses the property of liberating heat spontaneously and continuously with apparently no loss of weight or power.

Radium also has the power of communicating its radio-activity to surrounding bodies—a plate, a piece of iron or glass, anything with which it comes in contact. Thus a scientist or doctor unable to procure the metal may experiment with an object charged with its emanations as long as the charge keeps its potency.

Radium is an element of destruction, and too frequent handling will make the hands raw and sore. M. Becquerel, journeying from Paris to London, carried a small tube of the metal, to be used at a lecture, in his pocket. He felt no discomfort at the time, but two weeks later a sore, which became deep and painful, formed in the skin directly under the pocket and remained for weeks before healing.

The effects of radium on organic life, shown by experiments upon

animals, is one of its most interesting and important properties. Animals exposed for any length of time to its rays lost their fur, became blind, and finally died. On the other hand, when exposed for a shorter time to radium of lower intensity or at a greater distance they have seemed to thrive under the treatment.

The most remarkable experiment performed, however, was that of arresting organic development. Little worms that live in flour were used for this purpose. After exposure to the radium rays the larvæ all died in a few weeks, with one exception, and at the end of four months he was still alive, a patriarch among his kind, having lived through three times his ordinary span of life. It was as if a human being should keep the appearance of youth for two or three hundred years.

Medicine seems to be the most promising field for the practical utilization of radium rays at present, and experiments are already in progress to determine how it may be made useful in the treatment of diseased conditions. It is early to speak of its results as certainties, but there are undoubtedly possibilities. In London and Paris such diseases as cancer, lupus, and other skin disorders have been treated with the radium rays for more than a year. The usual method is to enclose a small quantity of the metal between two small disks, the whole being about the size of a silver dollar. This is pressed against the affected part for fifteen minutes. The treatment is kept up day after day, sometimes for weeks and months, until the sores finally heal, leaving healthy white scars. It is hoped that air rendered radio-active may help sufferers from lung affections, and water rendered radio-active may be used in treatment of diseases of the stomach. Radium may possibly be used also as a means of diagnosis in cases of cataract. If a tube containing the powder be pressed against the closed eyelid in a darkened room, the individual immediately has a sensation of diffused light, thus showing that its rays have the power of making the liquids of the eyeballs self-luminous. Consequently the ability of a person blind from cataract to see the radium light means that the retina is intact and the eyesight may be restored by removing the cataract; otherwise such an operation is useless. Very extensive investigations are made impossible by the small amount of radium in existence. One of the things to be hoped for in the future is a simple and less costly method of extracting and purifying it.

Mme. Curie in her very interesting paper in the *January Century* said: "Research in all branches of experimental science, physics, chemistry, physiology, and medicine is impeded, and a whole evolution in science is retarded, by the lack of this precious and unique material, which can now be obtained only at great expense."



## HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 448)

## XI. THE COOKING OF FOOD—PROTEIDS

THE application of heat to food materials is a science not yet well understood. In spite of all we say to-day about scientific cooking, the most accurate work we can do falls far short of the exactness of the laboratory methods in such sciences as chemistry or physics. This is true because of our ignorance of the nature of much of the material with which we have to do. The constituents of our foods are among the most complex substances known, and comparatively little has been done to investigate them. We know that heat produces a change in the gluten of our bread, but the opinions of experts differ greatly in regard to the character of this change. The science of cookery, consequently, is still in its infancy, whatever may be true of the art. Yet we aim at certain definite ends in the cooking of our food, and these we may reasonably expect to attain.

We cook to render food more digestible, more palatable, and more safe. It is true that sometimes one of these ends must be sacrificed to the others. Then we must choose the most important.

In our cooking of food containing a large proportion of proteids we often decrease, rather than increase, the digestibility, but the gain in flavor and in safety more than compensates for the slight loss in this respect, provided we make the loss as little as possible.

The effect of heat upon a typical proteid is well illustrated by a simple experiment. Fill a test-tube to about one-third of its capacity with white of egg and immerse it in a dish of water. Suspend a thermometer in the test-tube and heat the water slowly to boiling. The temperature at which certain changes in the egg take place may be easily noted. At about 140° F. a white, thread-like appearance is seen; gradually the cloudiness increases, until at 160° F. the egg is opaque and thick, but still soft. This soft, creamy condition continues till the thermometer registers about 180° F. Above this temperature the egg grows harder, and when the water is allowed to boil for a few moments the egg becomes a tough, horny mass, even although its own temperature does not quite reach the boiling-point. An examination of this hardened albumen will readily convince one that the digestive juices cannot act

upon it so readily as upon the albumen in the softer, more tender condition. One factor in the digestibility of food is undoubtedly its finely divided state, and this tough, almost horny, substance would need to be masticated more thoroughly than is often done to insure this condition.

The hardening effect of heat is well shown also in the toughening of milk curd and of cheese. In preparing what is known as cottage cheese, if the temperature of the sour milk is allowed to become too high a tough, hard curd is produced instead of the tender, friable substance yielded at the lower temperature. In making a Welsh rarebit one often has an illustration of the same change—a little too much heat, and the cheese becomes stringy, tough, and hard.

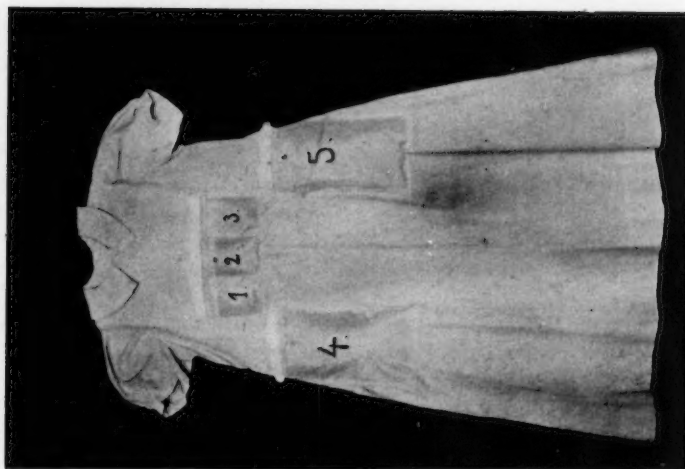
A similar result, although not so marked, is obtained when meat is cooked at a high temperature. A piece of beef may be boiled until it falls to pieces because the connective tissue has been changed to gelatin and dissolved, while each muscle fibre, instead of being tender and juicy, is dry and tough. This principle of the low cooking temperature for proteids is an important one and should be applied whenever possible. An egg, to be poached, should be dropped into water just below the boiling-point rather than into boiling water. Creamy and scrambled eggs as well as boiled custard should be cooked over hot water and care taken that the heat is neither too great nor too long continued. Fried eggs are necessarily cooked at so high a temperature as to lessen materially their digestibility. A "boiled egg" (more properly called an egg cooked in water) may be prepared either by putting the egg into boiling water, removing the dish immediately from the heat, and allowing it to stand for ten minutes; or, the egg may be put into cold water, the temperature brought to 180° F. and maintained there for six minutes. A few experiments with a thermometer will enable one to recognize this temperature quite accurately by physical appearances merely. The egg at this temperature becomes thickly coated with fine bubbles. If the egg is desired hard, the cooking by either method must be continued some minutes longer. Even a half hour at 180° F. leaves the egg, though thoroughly cooked, of a creamy consistency throughout. Of course, there are cases when this ideal condition must be sacrificed to convenience. An egg to be used in garnishing or to be put into the lunch-box must be actually boiled.

A third method of cooking an egg in water is to put the egg into cold water and bring the water to the boiling-point, removing the egg immediately, before the heat has had time to penetrate it too thoroughly. The first of the three methods is the least certain, as so much depends upon the amount of water used and the rapidity with which it is allowed to cool.

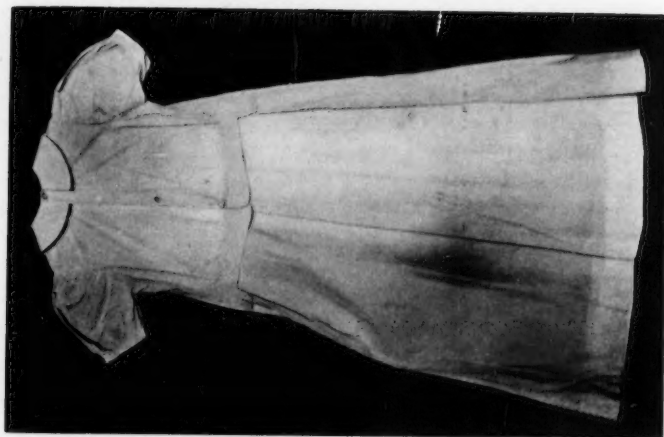
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THE FRANKLIN GOWN—FRONT



THE FRANKLIN GOWN—BACK

The effect of heat on albumen has a bearing on the cleansing of dishes soiled with egg. The egg-beater or the spoon used in eating egg becomes most difficult to wash if put into hot water, while cold water used first dissolves and loosens the material. The same thing is true of the milk-bottle. Rinsed first in cold water, it becomes easy to cleanse in hot water.

(To be continued.)

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## THE FRANKLIN GOWN

By H. GRACE FRANKLIN  
Graduate New York City Training-School

HAVING been called to several obstetrical and operative cases without due notice, I have found the need of a proper gown for such occasions.

So often with a small amount of time, a small space where we can have few tables, and no assistant given us, we are expected to have everything surgically clean. This is almost impossible with some cases. To have no one to assist, no tables or space for tables upon which to place our dressings, and yet infect neither patient nor dressings, is a difficulty that not a few nurses have found it hard to overcome.

The little improvements I have made to the gown, as shown in the illustrations, will in part remove a great deal of the difficulty.

There are no gathers at the neck, and the gown will not fall forward and sweep the floor or the surrounding furniture. But the greatest of all the improvements is in the pockets, and, as will be seen in the pictures, the pockets are made with large flaps to be buttoned down. The pockets can be used for any dressings, but in an obstetrical case I have arranged to have plain and iodoform intra-uterine packing in No. 1, the tape for tying the cord in No. 2, safety-pins in No. 3, sterilized towel in No. 5, and No. 4 to contain a vulva pad and gauze sponges. All of these can be done up in separate covers and placed in the pockets and the pockets buttoned down and all sterilized together. Thus, you see, we have overcome the necessity for tables and an assistant. If it is a case where we are to remain clean, we have our sterilized gown and all of our dressings complete, and if we are not to remain clean, we have the gown to protect our uniform, and yet our dressings remain clean and within reach of the hand, and can be taken from the pockets and the outside cover unfastened and clean dressings handed to the operator as needed. Even where we have plenty of room and assistance it will be found to be a great convenience and to save much time and confusion.

## BOOK REVIEWS

IN CHARGE OF  
M. E. CAMERON



ADVENTURES OF AN ARMY NURSE IN TWO WARS. Edited from the Diary and Correspondence of Mary Phinney, Baroness von Olnhausen, by James Phinney Munroe. Little, Brown & Company, publishers, 254 Washington Street, Boston, Mass.

This story of a woman's life goes far to prove the statement so often repeated and so persistently combated by all of us, in action if not in word, and especially while we are still in the early day of our experience, that to know life it is not enough to know the pleasant parts, the joys of loving companionship, the pleasures of congenial work with ample compensation and generous leisure, the advantages of good birth and liberal education, but that we must know hardship, sorrow, and suffering to make complete the perfectly rounded whole of life.

"Then, welcome each rebuff  
That turns earth's smoothness rough,  
Each sting that bids nor sit, nor stand, but go!  
Be our joys three-part pain!  
Strive, and hold cheap the strain;  
Learn, nor account the pang; dare, never grudge the throe!"

I have never read a more convincing testimony of a happy old age than the closing pages of the book present; and what a life lies behind those cheerful last days! A life spent willingly, prodigally, in the service of others. It is the more extraordinary when we reflect that this public activity, if one may so term it, only began with her widowhood at the age of forty-two years, after her short married life of two years. What she was up to the time of her marriage we are not advised of to any extent, but we gather that she was a cheerful, busy soul, entering heartily into the interests of the other members of her family, doing her share of household work, donning a pre-bloomer costume to work in the garden, assisting her father in his favorite recreation of grafting trees till late at night, returning from long tramps in the woods, with now a snake or a toad, or again a batch of beetles in her pockets, and when at her father's death she goes to find employment in the cotton mill there are no lamentations or protestings; it seems to have been taken up briskly and with keen interest as a new side of life from which as much as possible was to be gotten.

Her experiences in the two wars—the Civil War in America and the Franco-Prussian War—are wonderfully similar, allowing for difference in conditions and nationality. War seems to bring things to very much the same level, whether it is on this side of the water or the other.

Her letters continue all through to present everything that will brighten and modify the parts which must be horrible, being, as they are, true and vivid pictures of the incidents of war. There are wistful notes in her foreign letters that make us realize the fact that brightness is not kept without a hard struggle at



times. She reached Berlin November 5, 1870, and on February 16, 1871, she writes: "I have often had the excuse of feeling too sad to write, but I think never, until now, too happy. Yesterday, for the first time since I left America, I received letters from home." Again, April 19, 1871: "I'm just glad enough to be back here, feeling that now I can hear regularly from you, and you also from me. You can't know what a cross it has been to me, and nothing but my Yankee grit ever carried me through." Her last letter, written a short time before her death, at the age of eighty-four, is by no means the production of a broken-down old woman. She was included in a company of German women of Boston who were received by Prince Henry of Prussia when in 1902 he visited America. She describes the event in the following: "The leaves are most beautiful. I have never seen any handsomer. They came the day I went to see the Prince, but I did not take him any, and have regretted since that I did not; but it was so formidable, and I am such a fool, I only wanted it over. He was most gracious, and not at all formidable; shook my hand twice, just as any other *feller* would. I am glad now I had the courage to go, especially on account of the younger nieces and nephews, who were so anxious for me to do so. They are making a great fuss in the papers—of course, it's all exaggerated. Really, the whole thing was what anyone would have done much better than I did, only I had the luck. How splendidly you would have carried out the meeting! I forgot to bow low or to address him with any title; so stupid!"

At this time she is engaged—after several ventures in other lines which did not result satisfactorily—in earning her living by designing and working embroideries.

One feels somewhat the inadequate recognition given either in this country or Germany to the service rendered the sick and wounded. There is the Iron Cross—and some other bauble. She, however, never looked for any other than the satisfaction of having stupendous work to do and accomplishing the same in spite of overwhelming difficulties. Without training in nursing, she set herself to learn of anyone who would teach her, and the letters of Dr. Palmer and others testify to her ability acquired in such a precarious fashion. That she suffered somewhat for want of a very liberal education she freely confesses, asking her reader if "ankle" is spelled with a "k" or a "c," or she gets along, she says, "amazingly well" with her accounts when wages to her help are twenty-five cents per day, because "there are no sevens or nines in the figures."

We are inclined to find fault with Mr. Munroe for his lack of dates. We could wish the portrait dated. One wants to know at what period in her wonderful career it represents her. But we are deeply grateful for what he has given, and most particularly for allowing the letters and diary to convey their own impression and retain the individuality of the writer. The book is very heartily recommended. It is sure to become known to a large class of readers outside of nursing circles, and its success and popularity are safe to predict.

**THE CRUEL SIDE OF WAR.** With the Army of the Potomac. Letters from the Head-quarters of the United States Sanitary Commission during the Peninsular Campaign in Virginia in 1862. By Katherine Wormeley. Roberts Bros., publishers, Boston.

Reading the adventures of the Baroness von Olnhausen brings to mind a book published first under the title "The Other Side of War," and later in 1898 with the title changed to "The Cruel Side of War." It is a series of personal letters

telling of the work done by American women during the war—how they organized all over the country under the name of "Soldiers' Aid Societies," and of what they accomplished in alleviating the sufferings of the sick and wounded.

It seems strange to read of Mrs. Griffen, the president of Bellevue Training-School for Nurses, starting on the steamship Daniel Webster to join the Hospital Transport Service, with three ladies in her company whose duties were to "attend to the beds, the linen, the clothing of the patients," "do all the cooking for the sick," "what else, time and experience will show." It may be ancient history to nurses of earlier graduation, but we venture to affirm that the book is not well known to recent graduates except where the names of Miss Rosalie Butler and Mrs. William Preston Griffen are household words, as in Bellevue Training-School or the New York City Training-School on Blackwell's Island. It shows a different side of the nursing from that in the Baroness von Olnhausen's experiences, but is none the less interesting. They go side by side on one's book-shelf.



BOOKS AS HARBORERS OF DISEASE.—The *New York Times* of February 8 has an article on the above subject, which says: "This is preëminently the age of large free libraries, as it is also of microbes. The germ theory of disease has been evolved within a comparatively recent period, and hurtful micro-organisms have been found to lurk in the most unsuspected places. Under these circumstances, then, it is by no means a cause for surprise that attention should be called to the menace to the general health afforded by the much-used public library, and especially by the lending libraries. It is easy to conceive that epidemics of contagious and infectious disease may be quickly spread by the agency of contaminated books, and it is likewise hard to see how such occurrences can be entirely prevented. Books may be sterilized and disinfected, and yet may be full of noxious germs. The editorial in the *Times*, however, points out that the recent investigations of German microscopists concerning the number and variety of malevolent micro-organisms found in colonies in the bindings and between the covers of books from the public libraries are not, as is supposed by many, new discoveries. The fact has been known almost for as long a time as bacteriology itself. The multiplication of libraries of late has brought the danger resulting from the circulation of books more prominently before the public, and the question now is how to minimize this danger. Sterilization, even when effective, is difficult to apply with success to books, and the problem presented does not lend itself easily to solution. Books, or at least some books, improve the mind, but when they, at the same time, injure the body, the reading public may truly be said to be on the horns of a dilemma."

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**STIMULATING THE SECRETION IN NURSING WOMEN.**—The *Medical Record* in a synopsis of an article from a German contemporary says: "Zlocisti points out the necessity of encouraging nursing instead of bottle-feeding and reports the results he has had with a purified form of cotton-seed used as a galactagogue. The observations of dairymen have established the value of the oil-cake obtained as a by-product in the expression of the oil from cotton-seed as a means of increasing the milk output of dairies, and the author has employed a purified product deprived of its indigestible cellulose constituents for a similar purpose with nursing women. The results showed that the preparation was not found disagreeable to take by the women and that it did not seem to cause any undesirable effects. In all of the twelve cases in which it was given it seemed to cause a very marked stimulation of the milk flow, which became apparent on the third or fourth day, when twenty-five to thirty grammes of the substance had been administered."

**FOR THE DISINFECTION OF STOOLS.**—*Revue française de médecine et de chirurgie* for January 11 recommends a teaspoonful (five grammes, or seventy-five grains) of the following mixture to be put into the commode: Zinc sulphate, one hundred grammes (three ounces); sulphuric acid, five to ten grammes (seventy-five to one hundred and fifty minims); essential oil of mirbane, 0.02 gramme (one-third minim); indigo blue, 0.15 gramme (one-sixth grain). The blue is merely a distinctive mark to prevent errors. This mixture effectually kills the unpleasant odor of stools and urine.

**CONSUMING ONE'S OWN SMOKE.**—This bit of advice given to medical students by Dr. William Osler may well be laid to heart by nurses: "A conscientious pursuit of Plato's ideal perfection may teach you the three great lessons of life. You may learn to consume your own smoke. The atmosphere of life is darkened by the murmurings and whimperings of men and women over the non-essentials, the trifles, that are inevitably incident to the hurly-burly of the day's routine. Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity, and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints."

**ARTIFICIAL CAMPHOR.**—The *Journal of the American Medical Association* says: "Prior to 1828 chemists made a sharp distinction between organic and inorganic compounds, it being supposed that the latter are capable of preparation in the laboratory, while the former are formed only in the living organism, animal or vegetable, under the influence of a particular force—the life force."

This view was rendered untenable by Wohler's discovery that urea, a typical secretion of the animal organism, can be prepared synthetically from cyanic acid and ammonia, two inorganic compounds. Many other 'organic' compounds, such as acetic acid, lactic acid, glycerin, and sugar have since been made synthetically, and as our knowledge of chemistry increased the old idea about a vital force has lost greatly in significance. We know now that the same chemical forces act both in the organic and inorganic worlds. It is well known that most of the vanilla extract now found on the market is not derived from the vanilla bean, but from coal-tar. This coal-tar furnishes a large number of other substances which are used in medicine and in the arts. Among these may be mentioned the various analgesics, aniline dyes, and perfumes. Indigo and alcohol have also been made from their inorganic constituents, and recently chemists have discovered a method of making camphor synthetically, which makes the manufacture of this substance a profitable industry. Camphor has the formula  $C_{10}H_{16}O$ , and is an organic compound which was formerly derived only from the camphor-tree, *Cinnamomum camphora*, by distilling the chips with water and purifying the product by sublimation. The camphor-trees have, however, been growing scarce, and as a result the price of camphor has of late been very high. Japan has a monopoly on the natural product, but this monopoly has now been broken by the manufacture in this country of artificial camphor from turpentine. Turpentine has the formula of  $C_{10}H_{16}$ , and can be oxidized to  $C_{10}H_{16}O$  by heating it with oxalic acid. A ton of turpentine is heated at one time with a quantity of oxalic acid, and out of this mixture is distilled the purest variety of camphor. It takes fifteen hours to complete a lot, and the yield of camphor is twenty-five to thirty per cent. of the weight of turpentine. Various other valuable oils are obtained at the same time as by-products."

**TUBERCULOSIS AND PREGNANCY.**—The *New York and Philadelphia Medical Journal* has a synopsis of an article in the *Berliner Klinische Wochenschrift* as follows: "Hahn concludes that tuberculosis is unfavorably affected by pregnancy, the more so the more frequent the pregnancy. The prevention of conception by tuberculous women is one of the duties of sanitarians and physicians. If pregnancy take place, however, the woman must be carefully watched, and if she become worse, the question of the induction of labor must be considered on the ground that the mother's life is more valuable than that of the unborn child. In the later months of pregnancy, however, the induction of labor may be a serious thing for the mother, and as she may give birth to a healthy child, she may be allowed to go to full term or as long as necessary to preserve the life of the child. Pregnant tuberculous women should come first in the public care of the tuberculous poor, for they are under special stress and strain."

**THE BICYCLE AS A THERAPEUTIC AGENT.**—The following letter appears in the *Boston Medical and Surgical Journal*:

"CLEVELAND, OHIO, January 20, 1904.

"MR. EDITOR: I was very much interested in the valuable article entitled, 'The Bicycle as a Therapeutic Agent,' contributed by Dr. L. H. Gulick, and which appeared in the *Journal* of January 14, 1904.

"While reading the article it occurred to me that it might be of interest to relate the use that I have made of the tricycle for the treatment and cure of congenital flat-foot or weakened arch in children. When this condition is early

observed I recommend the parents to secure for the child a small tricycle, allowing the child to run it about in the house and also on the sidewalk and street. The results are more certain and satisfactory if the child is kept in bare feet during the warm months. If the vehicle is furnished the child at the beginning of the summer, it is not only surprising how much time the tot will spend in the saddle, but, better yet, the season often serves to effect a complete cure before the novelty has worn away. This simple measure has been so uniformly successful in relieving the condition that I now never prescribe anything else. It serves the double purpose of taking the weight of the child off the weakened arch, but also is a very potent means of exercising and developing the muscles of the foot and thus gradually but certainly building up a natural resistance to the weakness.

Very truly yours,

"CHARLES J. ALDRICH, M.D."

ARE REST CURES NECESSARY?—The *New York and Philadelphia Medical Journal*, quoting from a German contemporary, says: "Bornstein insists that in cases of emaciation and of neurasthenia the Weir-Mitchell rest cure may be of service, as well as in cases of movable kidney, where it is desired to get all the fat necessary for the support of the displaced organ. Instead, he gives albumen in large quantities—not meat, on account of its extractives—to produce an excess of proteids, which cause the cells to overwork and thus to rid themselves of their vicious contents. Iron is given at the same time, preferably in the form of iron and quinine. He says that isolation, nurses, hydrotherapy, mechanotherapy, and electrical treatment are all unnecessary, and that without them certain and lasting results can be obtained."

CORYZA.—Dr. Genglaire, of Coucy-le-château, writes to *Médecine moderne* to the effect that he has found of value the practice of painting the nasal fossae with a pencil of absorbent cotton steeped in hydrogen peroxide five or six times daily. He states that a cure generally results within the twenty-four hours.

INSOMNIA.—Dr. Eliot Gorton read a paper on this subject before the Practitioners' Club of Newark, N. J. He classifies the treatment under these heads—dietetic, hygienic, and medical. He advises regulating the bowels and giving a light, nourishing diet. A warm full bath, just before going to bed, followed by a hot drink, preferably of milk, and, if necessary, a moderate hypnotic, is effective. The face should be bathed with cold water and the head above the eyes be wrapped in a cold, wet towel during the bath, which should be kept at ninety-eight degrees and last from fifteen to twenty-five minutes. The cold wet-pack and warm sitz baths may also be tried. Hot foot-baths are highly recommended, and should be continued until the feet are intensely red. He considers paraldehyde the safest hypnotic, and the best form paraldehyde two parts, whiskey one part, syrup of orange one part. This disguises the pungent odor and taste. The mixture must be well shaken before giving it. Opium and its alkaloids should not be given for insomnia. Small doses stimulate and excite the nervous system, producing a condition of wakefulness in the majority of cases, while larger doses present disagreeable after-effects. The results from its use are often more difficult to deal with than the affection itself. In insomnia from excessive mental or physical fatigue he recommends a mild stimulant, as strychnia or a glass of ale or porter. Hot milk or malted milk is also of great service. He entirely excludes tea and coffee from the diet-list, and cocoa and chocolate in most cases.

## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

OFFICIALS of the Pennsylvania Railroad Company have authorized the construction of four hospital cars for the company's use in the event of accidents. This is another important step taken by the railroad officials in caring for passengers in the case of accident and also providing ready aid to the trainmen or other employes who may be injured while performing their duty. The Pennsylvania is the first railroad system in the country to adopt this idea.

The hospital cars will be stationed at division terminals, and in case of a wreck will be hurried to the scene and take care of the injured.

THE Memorial Hospital of Richmond (opened in July, 1903), to which was transferred the nursing corps of the Old Dominion Hospital (now closed), has been until recently under the management of Miss Agnes S. Brennan, formerly of Bellevue Hospital, New York. Miss Brennan and her assistant, Miss Prial, returned to New York March 1, since which time Miss Rosa Z. Van Vort (Old Dominion Alumnae, Class of 1899) has been appointed superintendent of nurses, with a committee of physicians to act as superintendents of the hospital.

THE Santa Fé has decided to bar consumptives from the first-class Pullman cars on its lines. The care of consumptives has been a burden to the railroads, as the berths after having been occupied by a consumptive must remain unoccupied until the end of the run, when the car is disinfected. For the accommodation of consumptive passengers the company proposes to run at intervals on through trains hospital cars. These cars will be specially equipped, and none but consumptives will be permitted to ride on them.

A MOVEMENT is on foot among the various Buffalo (N. Y.) churches to give assistance to the Rev. H. T. Weiss in carrying on his work among the lepers at Surinam, South America, by sending a portable hospital at a cost of about five hundred and fifty dollars.

THE Misses Bertha Christie and Mary Ferguson, graduates of the Massachusetts General Hospital, have opened a private hospital in London, Ont., for the reception of non-contagious cases, to be known as Christie Hall.

THE New York Association for Improving the Condition of the Poor has appropriated fifteen thousand dollars for a hospital at the seaside for children under fifteen suffering from non-pulmonary forms of tuberculosis.

THE First Presbyterian Hospital at San Juan has been opened with appropriate ceremonies. The hospital cost twenty thousand dollars, which was raised in New York.

HUNTSVILLE, Ala., is now sure of a City and County Hospital.



**SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED**

THE Litchfield, Conn., County Hospital has received a gift of five thousand dollars to endow another free bed, to be known as free bed No. 2. The name of the donor is withheld for the present.

By the will of the late Owen Jones, of London, England, the Chipman Memorial Hospital of St. Andrew's and the Public Hospital of St. John, N. B., get each ten thousand dollars.

By the will of Mrs. Elizabeth Solliday the Presbyterian Hospital and Dispensary of Philadelphia, Pa., receive one thousand dollars.

MR. HENRY PHIPPS has given twenty thousand dollars to the Johns Hopkins Hospital to establish a clinic for consumptives.

THE Protestant Hospital of Ottawa, Canada, receives five hundred dollars by the will of the late Mrs. Maria Griffin.

**TRAINING-SCHOOL NOTES**

FRIDAY evening, February 26, the operating amphitheatre of the New York Hospital was filled with visitors to witness a "Demonstration by the Graduating Class, 1904, of Hospital Methods Adapted to Private Work." A supposedly very ill patient was put to bed, given a hot-air bath, mustard foot-bath, and typhoid bed-bath. He was also cupped on the chest and had an improvised ice-coil applied to the abdomen. A mustard paste and a flaxseed poultice were made in a twinkling, but not applied. Very interesting was the preparation for an emergency operation, tent for steam inhalation, emergency cases requiring Buck's extension, modified Velpeau and capeline bandages. While two nurses put up the Buck's extension, a third prepared a most tempting supper of fancy roast oysters, trussed squab, grape-fruit salad, ice-cream, and tea, which was beautifully arranged on a tray and served to the hungry patient as soon as he was ready for it. Before partaking of it, however, the startling discovery of the house a-fire was made, so the Buck's extension was quickly removed, the patient tied to a broom-stick, wrapped in blankets, and borne to a place of safety by the nurses. The celerity and efficiency of the work was a high compliment to the management of Miss Anne W. Goodrich, superintendent of the Training-School. The house staff expressed to Miss Goodrich their appreciation and thanks. The class of twenty-six nurses were graduated on Tuesday evening, March 1. In the governors' board-room at the hospital Mr. Hermann H. Cammann presented to each graduate a diploma and a gold medal, with some words of good advice, after which there was music and dancing in the spacious parlors of the Nurses' Home. Among the two hundred guests present were a large representation of the governors of the hospital and the leading physicians of the city.

THE Executive Committee of the Virginia State association has under consideration a plan for the establishment of a course in domestic science in some woman's college of the State, normal or high school, and requires all applicants to training-schools for nurses to present a certificate of graduation from such school or department. Up to this time no hospital in the State can provide suitable equipment for such a course. Such instruction is far too essential in the life and home of every woman to be relegated solely to the nursing or pro-

fessional class. A report of the work accomplished by the Virginia State association during the past year will be presented at the convention of the Associated Alumnae in May, 1904, by the recording secretary, Miss E. H. Webb, or her alternate.

A COURSE of lectures has been arranged for the nurses and their friends at the Boston Medical Library. Dr. Paul Thorndike gave an interesting talk on February 23, subject, "The Private Nurse, from an Educational Standpoint." Dr. J. L. Morse will lecture on March 2 at eight P.M.; subject, "Infant Nursing, and the Field for It." Dr. E. C. Stowell will lecture on March 8 at four-thirty P.M.; subject, "Children." Dr. A. K. Stone will lecture on March 22 at eight P.M.; subject, "Tuberculosis," with lantern slides. Drs. Joslin, Lund, Blodgett, Chute, and Sears will give lectures later, dates to be arranged. All nurses and friends are cordially invited.

THE graduating exercises of St. Luke's Hospital Training-School, St. Paul, Minn., were held on the evening of January 14, 1904, in Christ Church Guild-Hall. An address was delivered by Dr. Arthur Dunning on behalf of the Medical Board, and the diplomas and school-pins were presented by Rev. Dr. Andrews to the fourteen nurses of the class. After the formal exercises of the evening refreshments were served by the ladies of St. Luke's Guild of Christ Church.

A SERIES of ten lectures by prominent speakers and educators is being given this winter at the Buffalo General Hospital and is called a "General Educational Course." Miss Gross, the superintendent of nurses at the General, has kindly extended an invitation to all graduates of the school to attend these lectures, and has also invited the nurses in training of three other schools to take advantage of this excellent course of lectures.

ON February 19 Miss Snively was "At Home" to her school from four to six o'clock P.M. Nurses on duty came down in uniform, met some pleasant ladies, and spent a half hour most delightfully, then returned to duty in order that others might enjoy the same pleasant relaxation.

MISS LETITIA BRADLEY, of New York, Johns Hopkins, Class of 1900, has been appointed superintendent of nurses at the new Frankford Hospital, Philadelphia, Pa. Miss Bradley since her graduation has done private nursing in Baltimore and vicinity.

THE Retreat for the Sick, one of the oldest hospitals in Virginia, organized its Alumnae in March, 1904. The school has been for the past year under the efficient management of Miss Blake, a member of the Maryland University Hospital Alumnae.

At a meeting of the trustees of the Protestant Hospital, Columbus, O., held recently, the principal business was the election of Miss Mary A. Grener as acting chief nurse, vice Miss Anna M. Jones, resigned.

THE Natchez Charity Hospital, Natchez, Miss., has secured an appropriation by the House of Representatives for the building of a home for the Training-School for Nurses.

MISS BERTHA CARVEL, of the Burrridge Hospital, Boston, goes to the Essex County Homeopathic Hospital, Salem, Mass., as matron.

THE Pottsville, Pa., Hospital Training-School for Nurses has increased its term from two years to three.

THE New England Baptist Hospital is to have a Nurses' Home.

#### PERSONAL

"WHATSOEVER YE WOULD THAT MEN SHOULD DO TO YOU, DO YE EVEN SO TO THEM" \*

Nor in the history of the Illinois Training-School has so great a calamity fallen to any one of our number as that which has overtaken Miss Ellen V. Robinson, Class of 1902. Bright, young, and active, just entering upon the work for which she has prepared herself, she now finds that preparation of no avail so far as practically applying it is concerned, and with no relative except an aunt well along in years, who supports herself by nursing—the picture is one needing no embellishment or exaggeration to make it appeal most keenly to human sympathies, even of those who may be strangers to her.

Called to care for a patient in Monticello, a small town not far from Chicago, during that severe cold weather late in January, her stay was very short, and she is now an occupant of our endowed room in the Presbyterian Hospital. Late in the afternoon of Monday, January 25, Miss Robinson had occasion to go to the doctor's office, where from a misstep she fell down the stairs. She had her bruises attended to, and when the physician thought her sufficiently recovered from the dazed condition produced by the fall she started back to her patient.

A deep snow covered the ground, and still it was snowing, and added to this a brisk wind made a wild day of it. This, together with the fact that Miss Robinson is very near-sighted, and had broken her glasses in the fall down the stairs, being in a strange place, caused her to lose her way, and she walked for hours trying to get back to the hotel where her patient was. Anxiety on account of her absence led to a searching party of one hundred citizens starting on a hunt for her, knowing full well that no one could remain out over night without freezing. The search was kept up till seven A.M. next morning, when she was found lying in the road several miles from where she aimed to be, and, of course, almost perished. After a week she was brought to the hospital, where it was found necessary to amputate both hands and feet,—not entirely, but leaving very little of those members,—which, of course, makes it a problem as to what she is going to do for a livelihood.

If we for an instant take home the old saying, "Put yourself in her place," I am assured that there is only need of making known the fact that it is desired to raise a fund sufficient to provide a small annuity whereby she may receive a specified sum at stated times, and not have to face uncertainty all the time. Let every nurse, whether a member of the alumnae or not, try to help out in this—many of your acquaintances will be glad to give if they only know about it. Send to the Training-School for copies of the report to save writing such long letters.

Those of us who have life and limbs might feel it a privilege to contribute one week's wages. A committee, consisting of Miss McIsaac, Miss Breeze, Miss DeWitt, Mrs. Higbee, and myself, will be glad to coöperate with any and all in this matter. Money or checks to be sent to the "Ellen Robinson Fund," Mrs. Higbee, treasurer.

*Please be sure and send checks in this way so as to save trouble in cashing them.*

IDORA ROSE.

\* From the Illinois Alumnae Report.

THE following resolutions have been adopted by the Alumnae Association of the Faxon Hospital Training-School for Nurses:

"WHEREAS, Our beloved friend, Miss Cadmus, has resigned from her position as superintendent of the Faxon Hospital; be it therefore

"Resolved, That we, the graduate nurses of the Faxon Hospital Training-School, do most sincerely regret her departure, and that we truly wish her success and happiness in her new duties; and be it also

"Resolved, That a copy of these resolutions be sent to her, a copy recorded in the minutes of the association, and also that a copy be sent to THE AMERICAN JOURNAL OF NURSING for publication.

"FLORA M. SYMONDS,

"JANE GEORGE ROBERTS,

"Committee."

THE nurses of the Buffalo General (Erie County) Homœopathic and Women's Hospital, Buffalo, N. Y., had the pleasure on Friday evening, February 27, of listening to an informal talk by Mrs. Hunter Robb, of Cleveland, O. Mrs. Robb gave the nurses a *resumé* of the progress and development of the nursing profession in the last thirty years, and especially since 1893, the year that the superintendents first met in Chicago and organized the American Society of Superintendents of Training-Schools for Nurses. She ended her talk with a plea to the oncoming nurses to combine their professional life with humanity always, or the trained nurse would not be the success she ought to be.

MISS REBECCA CLELAND, formerly assistant superintendent of nurses at McLean Hospital, Waverly, Mass., resigned her position to take charge of the Training-School connected with the State Hospital for the Insane at Kalamazoo, Mich. Miss Cleland is a graduate of the McLean and Massachusetts General Hospital Training-Schools, Boston.

MISS LOUISE BRENT, superintendent of the Children's Hospital, Toronto, expects to visit New York, Boston, etc., with a view to inspecting nurses' residences in these places. The board of the Children's Hospital is about to erect a new residence for nurses in training in the Children's Hospital.

MISS MARY JULIA MOORE (Old Dominion Alumnae, Class of 1899) has been appointed superintendent of the Sheltering Arms Charity Hospital of Richmond, and will shortly enter upon her duties. The nursing corps is composed of pupils, in relays, from St. Luke's, Dr. Stuart McGuire's private hospital.

MISS CATHERINE MURPHY, graduate of St. Mary's Hospital Training-School, Detroit, Mich., Class of 1903, became a member of St. Vincent's order Sisters of Charity at Emmitsburg, Md. Miss Murphy was missioned to Mobile, Ala., and will be known in religion as Sister Catherine.

MISS ANNIE DAMER, who for so many years has been the investigating agent for the Charitable Association of Buffalo, has resigned, and will take charge of the out-door department of tuberculosis work in connection with Bellevue Hospital, New York City.

MISS NELLIE MOORE, graduate of St. Mary's Hospital Training-School, June, 1903, left immediately for duty at the General Hospital, Presidio, San Francisco, Cal. Miss Moore sailed for the Philippines on the transport Thomas January 1, 1904.

MISS ALICE J. SCOTT spent a few days in Toronto during February. She reports the Ross Memorial Hospital, Lindsay, of which she is superintendent, as having cleared expenses during the past year, the first year of its existence.

MISS FOWLISS, who has been superintendent of the Children's Hospital, Buffalo, N. Y., has resigned, and Miss De Cue, formerly head nurse in the operating-room of the Buffalo General Hospital, has been appointed to succeed her.

MISS SUSAN C. CARROLL, an early graduate of the Johns Hopkins Training-School, who for some years past has devoted herself entirely to massage, has moved from Baltimore to New York City to carry on her work.

MISS ROBINA STEWART, Johns Hopkins, Class of 1901, after a year's rest at her home in Canada, has returned to Baltimore to resume charge of one of the private wards of the Johns Hopkins Hospital.

MISS BERTHA ERDMANN, late superintendent of nurses, City Hospital Training-School, Minneapolis, Minn., has been appointed superintendent of Luther Hospital, St. Paul.

MISS H. ALICE SCRIBNER will succeed Miss Mary E. Gladwin as matron at the Beverly Hospital, Beverly, Mass. Miss Scribner is a graduate of the Boston City Hospital.

MISS ANNIE BRADLEY, a graduate of the Johns Hopkins Training-School, will succeed Miss Theresa L. Miller, head nurse at the Frankford Hospital, Philadelphia, Pa.

MISS SNIVELY gave an address on "Hospital Equipment" in St. Andrew's Church, Toronto, before the ladies interested in home missions on February 11.

MISS DOROTHY GRACY, graduate of the Toronto General Hospital, Class of 1903, has gone to Nelson, B. C., to take a position in the hospital.

MRS. E. WETTER, Illinois Training-School, Class of 1892, has resigned her position as superintendent of the Polyclinic Hospital, Chicago.

MISS L. LOUISE WARREN, graduate of St. Luke's Hospital, Chicago, has been appointed superintendent of the Union Hospital, Terre Haute, Ind.

MISS MARY BREED ROBINSON has resigned as matron and superintendent of the Essex County Homeopathic Hospital, Salem, Mass.

MISS GRACE LIPPINCOTT, assistant chief nurse at the Philadelphia Hospital, has reconsidered her resignation, and will remain.

MISS LILLA SHEPPARD, superintendent of the General Hospital, Guelph, Ont., is taking a four-months' rest in California.

MISS ROSE MALONEY has accepted the position of superintendent of the new sanitarium in Jackson, Mich.

MRS. AUBIN (*née* Hillary) is spending the winter in Nassau with a patient.



# THE GUILD OF ST. BARNABAS

IN CHARGE OF

**S. M. DURAND**

Public Library, Boston



## AN APPEAL FOR THE UNITED BENEVOLENT WORK OF THE GUILD OF ST. BARNABAS FOR NURSES

THE committee having this subject in charge recommended at the council at Hartford last November that we support in whole or in part a nurse or nurses in some missionary field or fields. The subject was thoroughly discussed in all its aspects, and the recommendation of the committee was unanimously carried.

Now in this united work of our guild, of course, each branch will consider it a privilege to join. Some of the branches have already pledged a certain amount; may we not receive more pledges, or, better yet, a pledge from each branch of a sum that shall at least be its proportion of the total amount necessary?

One of our nurses, a member of the Boston Branch, is working under Bishop Brent in the Philippines. For her support there is needed six hundred dollars. We have over *two thousand* members and associates, and that means an average of thirty cents from each one for the support of this nurse for a whole year. That does not seem an impossible contribution.

The offerings at the several services at Hartford have been set aside for this object, and amount to about sixty dollars; and it has been suggested that the offerings at the Annual Festival, June 11, be devoted to the same object. Is it too much to ask that each branch make an effort before St. Barnabas's Day shall arrive to contribute an amount equivalent to at least thirty cents for each member for this very interesting purpose?

We make a personal appeal to members and associates to assist as best they may in loyalty to the action of the council, that we may all have the peculiar satisfaction that comes from truly United Benevolent Work.

Will not each branch promptly notify the general secretary of favorable and generous action? Faithfully yours,

CORTLANDT WHITEHEAD, Chaplain-General.

FRANCES A. JACK, General Treasurer.

ANNIE H. B. HOWE, General Secretary.

ORANGE, March 1, 1904.

BOSTON, MASS.—The Boston Branch of the Guild of St. Barnabas held its February meeting at St. Stephen's on the twenty-third instead of the twenty-first of the month. The meeting was fairly well attended, and we were glad to welcome back our chaplain, the Rev. Ellis Bishop, from his trip to Jamaica, where we hope he was much benefited. We all felt most deeply the loss of our dear and faithful associate, Mrs. E. L. Sprague, and realized that our sorrow, though great, could not compare with that of her own family, to which she has been so devoted and so loving. Mr. Bishop, in speaking of her, said that her loss was irreparable, both to the guild and to every organization in which she had a part. Such devotion as hers is rarely to be met with, and we who from our entrance to the guild have felt her kindness will find her place a void which cannot be filled.



She was the chairman of the committee for visiting sick nurses, and postal cards had been sent out bearing her name, which only arrived after her death. Miss Fenno was asked to become chairman, that this important work might go on. It is to be hoped that nurses will, if possible, fill out these cards should opportunity arise. It is not uncommon to hear nurses complain of not being visited during illness, without considering that it was not easy to find them. On the other hand, the gracious remark has been made that they didn't want strange women coming to see them who never would think of coming if they were well! Truly it is hard to suit some of our dear sisters in the nursing profession! Apropos of visiting, we have a committee for visiting new members which will fill any gaps left by the other committee, always remembering that nurses are birds of passage and must make calls only when off duty. During our church service five members were received, the Misses Ricker, Nelson, Hewin, Beatty, Ahn, and two priests-associate, the Rev. Mr. Hutchinson, of the Church of the Ascension, and the Rev. G. T. Morse, of St. Stephen's. The Rev. Wynne Jones, priest-associate, assisted in the service and preached us a very helpful sermon from the gospel narrative of the woman who anointed our Lord with the costly ointment. The preacher dwelt on the fact that Mary had brought her costliest offering to spend upon our Lord's body and to give it in the humblest service. Though the Pharisees around murmured, Christ Himself understood the humility of her loving service and bestowed upon her the highest praise in saying, "Verily I say unto you, whosoever this gospel shall be preached in the whole world, there shall also this, that this woman hath done, be told for a memorial of her." A very striking parallel was then drawn between her work and that of the nurse. We must minister also to the body, and can only do it satisfactorily in remembering that in each poor, tortured body we see that of our Master, who offered His body to the Father for us. We all know how material a nurse's work is and how material her views of her profession often become, and this thought struck us as singularly appropriate at such a time. We were glad to welcome at the social hour our new members and our new priests-associate. As we had anticipated our meeting that we might not conflict with the public graduation exercises of the Massachusetts General Hospital Training-School, which took place the next evening, it may not be amiss to say a few words about that occasion, which was a most agreeable one, and attended by a large number of people. The address was by President Eliot, of Harvard University, who spoke in his usual felicitous and thoughtful way to the graduates of the beauty and greatness of the work, saying very truly that if they did not enjoy their work the burden of it would be too heavy for them to bear. After a paper by Miss Dolliver, the diplomas were presented and a pleasant reception followed in which many old friends exchanged greetings and compared notes on all that had happened since their graduation. These occasions are most delightful and are appreciated by all who attend them.

HARTFORD, CONN.—The Hartford Branch of the Guild of St. Barnabas held its December meeting in Christ Church Parish-House on the evening of Wednesday, February 16. The service in the Chapel was conducted by Dr. Hart, chaplain of the guild, and the Rev. James Goodwin, rector of Christ Church, who was admitted a priest-associate. An interesting business meeting and a delightful social hour in the parish rooms followed the service. Six new associates were named and elected at the business meeting. A beautiful mite-box of burnt wood, decorated with the motto, cross, and name of the guild, has been provided by the

secretary to be brought to all the meetings, as some have expressed a desire for such an opportunity to give a mite from time to time for the benefit of the United Benevolent Work. At the service on St. Barnabas Day the box will be placed on the alms plate with the other offerings. It was suggested and voted to have a five-minutes' reading at each meeting of the guild on some work being done by nurses in the mission field. The principal topic of conversation during the social hour was the late council. The Hartford members of the guild feel that they derived much benefit and pleasure from it, and they sincerely hope that their guests enjoyed it as heartily as they did themselves.

The February meeting of the Hartford Branch of the Guild of St. Barnabas was held at the beautiful Church Home on Retreat Avenue on the kind invitation of Mrs. Palmer, the matron, an associate member of the guild. A goodly number of nurses and associates responded to the roll-call, but it was deeply regretted that a larger number could not have been present, for all who were fortunate enough to be there voted the afternoon a most delightful one. Our secretary read some very interesting letters she had received from members of the Hartford Branch who are on duty far away from home. As Miss Courtwright, who was to have given us a five-minute talk on nurses' work, was unable to be present, Miss Beach read brief extracts from letters published in the *Spirit of Missions*, written by Dr. Mary Glenton, who is stationed at Wuchang, China. The discussions during the business meeting of the letters, readings, State registration of nurses, and other subjects of interest were so general and informal it was hard to tell where the business meeting left off and the social hour began. While refreshments were being passed a large graphophone was placed in the hallway of the home, and we drank our coffee and clasped hands to the accompaniment of martial music, delightful operatic airs, and charming vocal selections. It was as hard to close the social hour as to adjourn the business meeting, and all said "Good-night" with regret.

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SAN FRANCISCO, CAL.—If our location were anything short of the "jumping-off place" into the Pacific Ocean, we might, now and then, have more to report. As it is, our members go to Hawaii, to Alaska, to the Eastern States, and to the Philippines—but this is not into the Pacific, if we are upon the shore line, but into broad and sacred fields of labor. We hear of our nurses on the fighting line and are proud that their faces once gladdened our meetings. The second Monday of each month, at half-past three P.M., finds us—or, at least, a representation of us—at St. Luke's Church, where we are always welcome. A central permanent place of meeting is certainly an advantage, and new members can always be received in a church. After the service, the vestry-room is at our disposal for business. The possibilities—the aims—of this branch are largely in the future, but they are no less sure. Some day we hope to have a Guild House, and already have a nest-egg in the bank towards it, but while our excellent nurses are always on duty, because they are excellent, while we must frequently say "farewell" with "God speed" to those who go down to the sea in ships, or part with loving congratulations to those who wed, our visible efforts must be small. A member from Australia, formerly of England, has married and settled in one of our thriving inland towns. She has made herself known to our first chaplain, Rev. F. J. Maynard, now located in the same place. Mrs. Maynard was our first secretary, and the three earnest souls mean to keep alive the spirit of this guild, receiving nurses, and may yet start another branch.

## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

### THE INTERNATIONAL CONGRESS IN BERLIN

It may not be amiss to explain to our readers in general that the coming congress will not be an occasion for discussion of all branches of nursing, as was the case at Buffalo, where we had the whole week to ourselves.

The meeting of the International Council of Nurses, which will be held in the congress week, will occupy only one day, and on this day reports from the different countries will be received relating to organization, legislation, and educational requirements. This, with routine business, will take the whole time at our disposal.

In the Congress of Women nursing is to be treated under the section "Women's Professions and Industries" on Thursday, June 16. Mrs. Bedford Fenwick, the president of the International Council of Nurses, will give the leading paper, and there will be ten-minute reports from different countries. While, therefore, district nursing and many other interesting topics cannot be taken up fully, yet the position of nursing in general in the world at large will be set forth, and nurses will have the opportunity of learning the present position of women in every line of occupation in every country. What I especially hope is that our presence at this congress may cheer and help the organized nurses of Germany, who are just now making a strenuous—almost desperate—effort to improve their conditions of work and to obtain a reasonable amount of consideration from the public.

L. L. DOCK, Secretary I. C. N.

### THE ASSOCIATED ALUMNÆ

THE seventh annual convention of the Associated Alumne will be held in the lecture-room of the Drexel Institute, Thirty-second and Chestnut Streets, West Philadelphia, one square from the new Pennsylvania Station at Thirty-second and Market Streets, West Philadelphia, and six squares from the Baltimore and Ohio Station at Twenty-fourth and Chestnut Streets, Philadelphia. The trustees of the institute have kindly granted the use of the auditorium, lecture-room, and other facilities for the purposes of the association, and the library, museum, and picture-gallery will be open to the delegates.

The members of the Arrangements Committee feel that they can assure all an enjoyable time, as they have had so many kind offers of entertainment.

The hotels recommended are:

The Colonnade, Fifteenth and Chestnut Streets, two squares from the Pennsylvania Station at Broad and Market Streets; rates one dollar to one dollar and fifty cents per day, European plan. Chester Avenue car on Walnut Street affords direct transportation to the Drexel Institute.

The Normandie, Thirty-sixth and Chestnut Streets, West Philadelphia, four squares from Drexel Institute; rates one dollar and upward, European plan; American plan, two dollars and fifty cents and upward.

Miss Schaeffer's house, 3224 Chestnut Street, West Philadelphia; rates one dollar and fifty cents per day or fifty cents per night.

Further particulars, if needed, may be obtained by writing Miss M. Margaret Whitaker, 1902 Green Street, Philadelphia, chairman Committee on Arrangements.

The meetings will be opened at one o'clock on Thursday, May 12 [*corrigenda*: March JOURNAL, page 465, lines 16 and 17, for Wednesday, Thursday, and Friday read Thursday, Friday, and Saturday, May 12, 13, and 14], when the presentation of credentials, the registration of delegates, and the payment of annual dues will be in order.

The reports of the Committee on Revision of the Constitution and of the Committee on Periodicals and the discussions will form the principal business of the convention, although there are one or two items of new business that the Executive Committee wishes to place before the delegates.

The presiding officer of each alumnae having a membership in the National Association is in possession of a copy of the revised constitution and by-laws as proposed in 1902 and approved in part in 1903, a request for the names of delegates, directions for obtaining reduced transportation, a notice of the Berlin Congress and a request for names of possible delegates to that body, and a request for full list of alumnae members.

These items, together with a statement of the business, papers, and discussions, the Executive Committee is desirous of having placed before the various alumnae on the dates of the April meetings.

MARY E. THORNTON, Secretary.

#### REPORT ON HOSPITAL ECONOMICS COURSE

*To Miss Banfield, Chairman.*

The Class in Hospital Economics, Teachers College, respectfully submit the following report for February, 1904:

Among the many privileges extended to the class and enjoyed by them during the month have been those of meeting several of the successful superintendents in the nursing profession. Early in the month the class had the pleasure of attending an "At Home" given by Miss Goodrich, of the New York Hospital, where they enjoyed meeting a number of the New York graduates.

On the 18th Miss Palmer, Editress of THE AMERICAN JOURNAL OF NURSING, gave an interesting talk on the mode of construction of a magazine of this character, and also related to us the story of its early development.

Later in the month the class had the pleasure of meeting Miss McIsaac, of the Illinois Training-School, Chicago, while on a brief visit to New York and incidentally to Teachers College. The graduates from her school were particularly pleased to have this opportunity of seeing her.

Miss Riddle, superintendent of nurses, South Department, Boston City Hospital, gave us a series of lectures on "Training-School Administration," which presented many facts in a new and interesting light.

Miss Goodrich also finished her series of lectures on "Hospital Construction."

Invitations were received to demonstrations given by members of the graduating classes of the Roosevelt and New York Hospitals. These demonstrations were all of a practical nature, showing the kind of work done in their respective institutions. Not only new methods, but many valuable suggestions, were noted by the class which we hope to be able to apply later.

Our weekly excursions have been postponed on account of the lectures, with the exception of one, to the Babies' Hospital.

In consequence of the necessary absence of Dr. Wood, lectures on "Embryology" have been given by Professor Bigelow.

Our line of work in the various subjects continues with interest.

March 8, 1904.

[The Regents of the University of the State of New York have approved the recommendations of the nurse Board of Examiners for the standard of education to be required for the registration of training-schools, and these requirements are embodied in the instructions to schools applying for registration as given below. We also include the application blank, which, with the instructions, makes a four-page folder, all of which is of special interest as marking an era in nursing education.—ED.]

[AN EXACT COPY]

#### University of the State of New York

Departments: Administrative College High School Home Education State Library State Museum  
 WILLIAM CROSWELL DOANE Chancellor WHITELAW REID Vice Chancellor  
 JAMES RUSSELL PARSONS JR Secretary

#### College and High School Departments

James Russell Parsons jr Director  
 Henry L. Taylor Director's Assistant

#### APPLICATION FOR REGISTRATION OR ACCREDITING OF TRAINING SCHOOL FOR NURSES<sup>1</sup>

This certifies that [legal title]

is }  
 is not }<sup>1</sup> a department of [City]  
 which was legally incorporated [date] [State]  
 and is connected with  
 a hospital }<sup>1</sup> giving a course of at least two years in service under instruction  
 a sanatorium }  
 in said institution as shown by the accompanying program or schedule of course,  
 in effect 190 to 190

Application for registration with the Regents of the University of the State of New York as meeting the graduation standard fixed by statute for New York schools is hereby formally made and candidates for graduation from this school must (1) be at least 21 years of age; (2) be of good moral character; (3) have studied nursing at least two full years.

<sup>1</sup> Cancel any statements that do not apply to your school.

The latest announcement of requirements accompanies this application and additional information is given on the second page.

In witness whereof, I hereunto set my hand and the seal  
of this  
day of

[Seal]

[Signature of executive officer and title]

### Additional information

- 1 There are [number] students now in attendance, viz  
first year, second year, third year.
- 2 There are beds in the hospital in which the nurses receive their training.
- 3 The Length of this period of training is years.
- 4 Nurses receive practical or theoretical training or both in  
Branches Practical Theoretical
  - a Medical
  - b Surgical (with operating)
  - c Gynecological
  - d Obstetrical. How many cases?
  - e Children's diseases
  - f Contagious
  - g Cooking
  - h Materia medica
- 5 Nurses are trained exclusively in the hospital ?
- 6 Nurses are sent out to private duty, in  $\left\{ \begin{smallmatrix} 1 \\ 2 \\ 3 \end{smallmatrix} \right\}$  years of their training, for weeks.

[Signature of the superintendent of the training school]

### Requirements for registration in force Jan. 1, 1904-6

**Incorporation.** The training school for nurses or the institution of which it is a department must be incorporated.

**Preliminary education.** All training schools registered by the Regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, preference being given to applicants who have had one year or more in a high school and to those who have taken a full course in domestic science in a recognized technical school.

**Subjects of state examination.** Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing including materia medica, (2) surgical nursing, with operative technic including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick including (a) 12 lessons in cooking in a good technical school, or with a competent diet teacher, (b) food values, and feeding in special cases, to be taught in classes not by lectures, (6) a



thorough course of theoretical instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches, in place of gynecological and obstetrical nursing.

**Professional education.** The period of instruction in the training school shall be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital. Training schools giving a three year course and wishing to continue the practice of utilizing their pupils to earn money for the hospital may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their course. But training schools with a two year course wishing to continue the practice must extend their course to meet the above requirement.

**Provisional requirements.** The branches of nursing in which both practical and theoretical instruction must be given by training schools applying for registration will remain in force till Jan. 1, 1906.

### Suggested lines of development

**Preliminary education.** After Jan. 1, 1906, all registered training schools for nurses must require the completion of one year of a high school course subsequent to an eight year grammar school course, or the equivalent.

**Professional education.** The elaboration of the curriculum to be developed by January 1906 and the lines on which this development may be expected, are:

**Preliminary training.** Training schools should teach their probationers before placing them at the bedside of patients:

- a The various methods of making and changing the bed, with and without the patient;
- b The temperature of baths, and the simple methods of administering them;
- c The use and dangers of the hot water bag;
- d The principles of sweeping and dusting;
- e The setting of trays, etc.

This instruction can be given easily in the nurses' home by the superintendent of nurses or by a delegated nurse. Instruction in these simple principles can not be given uniformly in the rush and pressure of busy wards. It demands no additional service or expense on the part of the hospital and tends toward the preliminary training that is rapidly gaining favor in the schools of higher grade. It is not intended as a substitute for the bedside instruction, but as a preparation for it. The patient should not be required to wait for an ordered poultice till the head nurse can show the probationer how to make one. Many similar facts can be taught separately the final and all important part coming at the bedside when these bits of deftness are applied to the relief and not to the embarrassment of the patient. Preliminary training in the leading schools covers a period from one to six months, but the simple practical instruction here suggested is given in many schools that do not profess to have a regular preliminary course.

**Small classes.** In place of the elaborate system of lectures given gratuitously by members of the medical staff, training schools should adopt more advanced methods, affording instruction in the same subjects to smaller classes by competent teachers and clinical demonstrations by members of the medical staff. Many schools publish an elaborate lecture course, but being dependent on busy

medical men such instruction is frequently and unavoidably not given, to the great injustice to the pupil in training. Instruction in small classes in many schools unable to provide paid teachers is given by the younger medical men affiliated with the hospital, who teach such subjects as bacteriology, anatomy, physiology, materia medica and chemistry while the more important subjects of the care and management of acute cases are reserved for members of the regular staff.

The State Board of Nurse Examiners as organized for 1903-4 with the year when the appointment expires and the address of each examiner is given for convenience of reference.

1907 Miss Sophia F. Palmer, President, Rochester

1908 Miss Jane E. Hitchcock, Secretary, 265 Henry st. New York

1904 L. Bissell Sanford, 217 E. 27th st. New York

1905 Miss Annie Damer, 76 Huron st. Buffalo

1906 Miss Dorothy N. MacDonald, 90 Hewes st. Brooklyn

This application should be forwarded to the Director of the College and High School Department, University of the State of New York, Albany N. Y. If returned with red ink memoranda the information called for is essential to registration.

Blanks for use in applying for the certificate of registered nurse (R. N.) and the nurse registration law with notes will be forwarded on application.

[Comment on the above requirements is held for want of space until the next issue of the JOURNAL.—Ed.]

#### STATE MEETINGS

PENNSYLVANIA.—The Graduate Nurses' Association of the State of Pennsylvania will hold its third quarterly meeting April 20 and 21 at Wilkes-Barre, Pa. The convention will be held in the auditorium of the Hotel Sterling, corner of River and West Market Streets, Wilkes-Barre, the opening session taking place on Wednesday morning at ten o'clock. An opening prayer will be offered by the Rev. Dr. Jones, and G. W. Guthrie, M.D., will deliver an address of welcome to the visiting nurses.

A very interesting paper on "What Registration will Mean to the Public" will be written and read by Miss Constance V. Curtis, of Phoenixville Hospital, Pa.

Two others, the first on "Preliminary Education for Nurses" and the second on the "Power of the Press in Securing Legislation," will also be presented, but as yet writers have not been secured.

MRS. GEORGE O. LOEFFLER, Chairman Publication and Press Committee.

NEW YORK.—The annual meeting of the New York State Nurses' Association will be held in the Council Chamber of the State Capitol, Albany, N. Y., on April 19, 1904, at ten A.M. and two P.M.

JESSIE MCCALLUM, Secretary,

303 East Twentieth Street, New York.

VIRGINIA.—The Graduate Nurses' Association of Virginia will hold its fourth annual convention in Norfolk, Va., on May 24, 25, and 26. The State Examining Board will meet and conduct examinations for registration on May 27 and 28. Applicants must file their forms of application with the secretary of the board, Miss de Lancey, 131 York Street, Norfolk, Va., not later than May 14, 1904.

REGULAR MEETINGS

VIRGINIA.—The Graduate Nurses' Association of Norfolk and the St. Vincent's Alumnae have united for the purpose of entertaining the Virginia Association, which meets in Norfolk in May. Both Sister Helen, of St. Vincent's, and Miss Smith, of the Protestant Hospital, have kindly offered their hospitals for the meeting. As St. Vincent's has a more central location it was decided to accept Sister Helen's offer. Arrangements have been made for a luncheon to be given at the Hampton Roads Yacht Club. The club is situated on Hampton Roads, and commands a beautiful view of Old Point, Fortress Monroe, and the surrounding sea-shore. It is hoped that all present members of the association and many others who are to become members will be present, as this promises to be one of the most interesting of its sessions. Norfolk will endeavor to make this meeting socially most enjoyable, and she realizes that she will need to put forth every effort after the delightful two days spent with the Charlottesville nurses last May. The Nurses' Examining Board of Virginia is progressing slowly. One hundred and twenty-five application blanks have been received by the secretary, which is about one-third of the estimated number of nurses in the State. To this number of applicants one hundred and five certificates have been issued, some doubtful ones being kept until the meeting of the board in May. Miss McKinley, a graduate of St. Vincent's Hospital Training-School and the present superintendent of St. Christopher's Hospital of Norfolk, received the first certificate issued, her application being the first one presented to the board. During the session of the House we have been threatened with amendments. Political friends of nurses who care nothing for the good of all, not feeling sure of their standing in the profession, consider such schemes more effective than right-doing. But by the tact and diplomacy of the president, Miss Cabaniss, the association has so far steered clear of its political friends and the law stands intact.

NORTH ADAMS, MASS.—There was a pleasant affair at the Wellington Hotel, where the North Adams Hospital Alumnae Association tendered a banquet to the graduating class of 1904, Miss Stanley, the superintendent, the seniors, and the physicians of the medical and surgical staff of the hospital. There were fifty people in the company, and they went to the table in the main dining-room at nine o'clock. Briggs' orchestra played while the dinner was in progress. Miss A. E. Donica, president of the association, introduced Dr. F. D. Stafford as toastmaster, and the dinner was followed by some speaking in keeping with an event of the kind. Among those who responded to calls for remarks were Drs. J. R. Hobbie, G. A. Fagan, H. J. Millard, M. M. Brown, G. F. Simpson, T. J. Putnam, C. W. Wright, and G. L. Rice, all of whom had pleasant and appropriate things to say. The speakers complimented the members of the association on the work they are doing and commended them for the faithfulness and self-sacrifice they carry into their work. All were heard with attention and interest, and some of the remarks brought out hearty rounds of applause. Dr. W. F. McGrath contributed a song to the programme, which lent variety and was heard with pleasure. It was after twelve o'clock when the company left the table, and afterwards there was a little dancing in the parlors, music being furnished by Dr. G. A. Fagan at the piano. It was the first banquet given by the association, but it may be made an annual affair. It was a well-managed social event and was

thoroughly enjoyed by the members and their guests. The Committee of Arrangements was composed of Mrs. Amy D. Plouffe, Miss Gertrude Snyder, and Miss Inez Decker. The following senior members of each class constituted the Reception Committee: Mrs. Adele E. Donica, Miss J. A. Gerry, Mrs. Florence McDougall, Miss Elizabeth Bowen, Miss Margaret Cogan, Miss Margaret Buckley, Miss Frazer, and Miss Robertson.

BALTIMORE.—The quarterly meeting of the Nurses' Alumnae of the University of Maryland was held in the nurses' lecture-room at the hospital on March 7. In spite of bad weather the attendance was good. From the four names submitted by the Executive Committee Miss Grace L. Dunderdale was elected to represent the alumnae as delegate to the Associated Alumnae meeting in Philadelphia. Discussion as to the feasibility of getting up a course of lectures under the auspices of the alumnae, the members to invite their friends among the nurses of other schools, the hospital staff, and the pupil nurses, was put to motion and unanimously carried. It was decided to have the lectures in the nurses' lecture-room at the hospital, the superintendent of nurses, Mrs. Katherine Taylor, having kindly offered the room for that purpose. The matter was left entirely in the hands of the Executive Committee to decide as to the frequency, date, and topics to be discussed. The members, however, expressed their desire not to have lectures confined to nursing or medical subjects. The questions to be brought up at the Associated Alumnae meeting were discussed. The bill for State registration, at present in the hands of the Senate, which it is hoped will be passed in the near future, was discussed with interest by the members especially interested in the subject of affiliation between the States as a means of establishing reciprocity. It was the feeling of the meeting that the same should be accomplished in some way through the Associated Alumnae, and also that THE AMERICAN JOURNAL OF NURSING should be owned by the Associated Alumnae. Much business of importance was transacted, after which the meeting adjourned.

NEW YORK.—The regular meeting of the Nurses' Alumnae of the New York City Hospital was held in the Academy of Medicine on March 8. After routine business a vote was taken as to whether there should be a dinner or reception this year. A majority voted for the reception. Miss J. Amanda Silver, Miss Irene B. Yocom, and Miss Ella V. Burr were elected delegates to the convention of the Associated Alumnae. A very interesting address was made by the Hon. Homer Folks, in which he outlined the progress made in the New York City Training-School during the two years of his administration as Commissioner of Charities. He recalled the one overcrowded building occupied by the nurses, how first one wing and then another had been built, until the present time, when the school is in possession of the three cheery, comfortable buildings containing the most perfectly arranged laboratories for demonstrations in pathology and chemistry, facilities for the teaching of scientific cooking, etc., the three-year course affording the nurses more opportunity for pursuing those studies, three months being devoted to instruction and class-room work before the pupil enters the ward. At the close of Mr. Folks's address the guests and members adjourned to the tea-room, where the refreshments were presided over by Miss Emily Gilmore and Miss E. Farrell.

NEW YORK.—The Association of Graduate Nurses in Manhattan and Bronx held its regular meeting on Monday, March 14, at the League for Political Education. The attendance was smaller than usual, due, presumably, to inclement weather. Eleven new members were admitted into the association. The proposed changes in the by-laws of the New York State Nurses' Association were discussed and generally approved. In February the question of joining the County Nurses' Society was brought before the meeting. But while all present were in favor of applying for membership in the county society, it was finally decided not to apply until after the next meeting of the State Nurses' Association, to be held in Albany in April, as such application necessitated immediate resignation from the State association. A letter stating this decision was sent to the county society. The membership is now eighty-nine, and there is this month an increase in the number of applications. The annual meeting will be held on Monday, April 14, at four-thirty P.M., at the usual place. In addition to the election of officers for the coming year, it will be necessary at this meeting to appoint delegates to the New York State Nurses' Association. All members are earnestly requested to be present.

PHILADELPHIA.—The regular meeting of the Alumnae of the University of Pennsylvania Hospital was held on Monday, March 7, 1904, at three P.M. in the Nurses' Home. The meeting was called to order by the president, Miss Rudden, and the usual routine business was transacted. The treasurer reported in the Endowed Room Fund two thousand one hundred and sixty-five dollars and thirty-two cents. The five-dollar annual subscriptions to this fund come in slowly. The bulletin board for the use of alumnae members is in position in the office of the University Hospital. Any member whose name is not yet on the board can have it placed there by communicating with Miss Caroline Dunn, 23 South Nineteenth Street, Philadelphia, and enclosing one dollar for this purpose. The following names were presented for membership: Miss Rebecca B. Abbott, Miss Elizabeth Broughton, Miss Helen E. Clark, Miss Mabel Jacques, Miss Margaret Lindberg, and Miss Lottie Nagle. The coming convention of the Associated Alumnae in this city in May next was discussed, as was also the State association. Roll-call showed fifteen members present.

PHILADELPHIA.—The regular quarterly meeting of the Philadelphia Polyclinic Alumnae Association was held at Kay House, Thursday, March 3, at three P.M. The meeting was called to order by Miss O'Hara, president. Ten members were present. The regular business of the meeting was transacted and the various committees for the ensuing year were appointed. Miss Wildman, delegate to the Graduate Nurses' State Association at Harrisburg, read an interesting report of the meeting, which was followed by considerable discussion. The alumnae proposed giving a reception to the members of the Associated Alumnae attending the convention which is to be held in Philadelphia in May. Miss Bessie Robison was admitted to membership in the association, and an application for membership was received from Miss Jennie Hoffman. The business meeting was followed, as usual, by a social meeting, which was much enjoyed by the members.

NEW YORK.—The "Linen Shower" held at the New York Hospital Nurses' Club on Thursday, March 10, was for the purpose of increasing the supply of linen to meet the needs of the new club-house, 8 and 10 West Ninety-second Street, to



which the club will move May 1. The balmy, bright weather was most favorable for a "heavy shower," and it fairly rained towels large and beautiful, numerous tablecloths and napkins, doilies, centre-pieces, tray-cloths, sheets, and pillow-cases, with more to follow. The Receiving Committee were Miss Josephine Hill, superintendent; Misses Nash, Lynch, and Frazier, resident members; Miss Frederick, president, and Miss Golding, first vice-president of the Alumnae Association. The parlors were decorated with cut flowers and plants, and looked most home-like and inviting. The guests were most cordially received, and delightful refreshments were served by the committee.

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PHILADELPHIA.—The Nurses' Alumnae of the Hospital of the Protestant Episcopal Church in Philadelphia held a meeting in the Parish-House, Twelfth and Walnut Streets, on March 1 at three P.M., Miss Annie S. Haines, president pro tem., in the chair. Two new members were admitted, Miss P. Dotterer and Miss C. Thatcher, and two names were submitted for membership. The secretary was instructed to send letters of condolence on behalf of the alumnae to Dr. Mary E. Esser, on the death of her father, and Miss Joan Darby, on the death of her mother. Miss R. Jackson and Mrs. L. K. Free were appointed delegates, with Miss Annie S. Haines and Miss Maria P. Allen as alternates, to attend the convention of Nurses' Associated Alumnae of the United States. The next meeting of the alumnae will be held in the Nurses' Home on April 5, 1904.

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BOSTON.—A special meeting of Camp Roger Wolcott, of Massachusetts, Spanish-American War Nurses, was held at three P.M. on Thursday, March 3, at the Boston Nurses' Club, 755 Boylston Street, Lieutenant Sara R. Langstrom presiding. The meeting was intended as a farewell to Captain Mary E. Gladwin, who goes with Anita Newcomb McGee, M.D., as a member of the first party of ex-army nurses for service in Japan. The members were, however, disappointed, as Captain Gladwin had already gone to join the party in Philadelphia. It was therefore voted to send a telegram to Dr. McGee's Philadelphia address, extending greetings and best wishes for success and safe return. Later the camp had the pleasure of entertaining the Executive Committee of the Massachusetts State Nurses' Association.

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NEW YORK.—A regular meeting of the Mt. Sinai Nurses' Alumnae took place on March 3, 1904, at 149 East Sixty-seventh Street, being the last meeting in the old training-school prior to its removal with Mt. Sinai Hospital to the buildings at Fifth and Madison Avenues and One-Hundredth to One-Hundred and First Streets. The meeting was well attended, and besides the usual routine business much interest was shown in the discussion of the subject of "What can be accomplished by nurses in an educational, social, or charitable way?" one of the questions brought forward in a letter from the Associated Alumnae organization. An outline of a charity work which it is our hope in the future to properly fill in promises a worthy goal which we will strive to reach.

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TROY, N. Y.—The third class of the Samaritan Hospital Training-School of Troy, N. Y., received their diplomas on Tuesday evening, February 2, 1904. The graduation exercises were held in the assembly-room of the Nurses' Home. The address was given by Dr. Didama, of Syracuse. The Alumnae Association held its second annual meeting on Monday evening, February 1. After the business meeting the nurses enjoyed a social hour with music and dancing, followed by a



banquet. Of the twenty-nine nurses who have thus far been graduated from the Samaritan Hospital two have married and the rest are doing excellent work—some holding responsible hospital positions and the others in private practice in Troy, Glens Falls, and neighboring towns.

**BROOKLYN.**—The annual meeting of the Graduate Nurses' Association, County of Kings, was held at the Cumberland Street Hospital on Thursday, March 3. After routine business and yearly reports of the secretary and treasurer were read the chairman of the Nominating Committee announced the following officers for the coming year: President, Miss B. S. Monteith; first vice-president, Miss L. M. Burrows; second vice-president, Miss M. O'Neill; third vice-president, Miss M. A. Shaw; corresponding secretary, Miss K. J. Fanning; recording secretary, Miss M. J. Parry; treasurer, Miss D. M. McDonald. Standing committees were elected for the year and the meeting adjourned.

**NEW YORK.**—The regular meeting of the alumnae of the New York Hospital Training-School was held in the lecture-room on Wednesday, March 9. Owing to the great demand for nurses, the attendance was not so large as usual. Twenty of the recently graduated nurses were admitted to membership. Misses Irene Sutcliffe, Hatton, Goodrich, Golding, and Covert were elected to nominate candidates for the various offices to be voted for at the annual meeting in April. Mrs. La Fetra, Misses Irene Sutcliffe, and Virginia Hunter were appointed a Committee on Resolutions. Miss Sanford, of the Consumers' League, gave a very interesting talk.

**BOSTON.**—The regular monthly meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses was held in the Thayer Library on Tuesday, February 23. Twenty-five members were present and two new members elected. After a short business meeting there was an informal discussion of State registration of nurses. The members were fortunate in having present Miss Mary L. Keith, superintendent of Rochester City Hospital, who spoke on the registration of nurses in New York, giving many interesting and helpful points. After an adjournment refreshments were served.

**PHILADELPHIA.**—The regular meeting of the Alumnae Association of the Woman's Hospital was held at 1227 Arch Street on March 9, 1904. Several letters were read from nurses requesting admission to the alumnae, and names which had been proposed for membership were accepted. There was a large attendance of members and visitors, and after the business meeting adjourned a pleasant social hour was spent with Miss Hannum, who kindly entertained the members. Before separating Miss Blehl favored them with selections of vocal and instrumental music which were very enjoyable.

**MINNEAPOLIS.**—The Graduate Nurses' Association will, on August 1, 1904, receive from the Medical Society the absolute control of the Nurses' Bureau, hitherto conducted by the Medical Society. Hitherto non-graduates have been registered on a par with graduates. Through the untiring efforts of a few members of the Graduate Nurses' Association this has been changed and the government of the bureau assured them. The association is growing rapidly, and is looking forward to the near future, when they may unite with other graduates and work for State registration.

NEW YORK.—The regular monthly meeting of the Bellevue Alumnae Association was held at the Training-School on February 18 at three P.M. All the newly elected officers for 1904 were present—Miss Mary Markham, president; Miss Jane Delano, first vice-president; Miss Cora Warren, second vice and assistant secretary; Miss Emma L. Snyder, secretary, and Mrs. Mary Bohling, treasurer. The meeting was well attended, and the usual routine business transacted. Many new applicants for membership were announced. Refreshments were served at the end of the business meeting.

READING, PA.—The Alumnae Association of the Reading Homœopathic Training-School for Nurses held a special meeting on Monday, February 15, 1904, at two P.M. at the Homœopathic Hospital, the president, Miss Kaufman, in the chair. Five members were present, and the usual routine business was transacted, after which special business was disposed of. The meeting then adjourned. The next regular meeting will be held June 8, at two P.M., at the Homœopathic Hospital, 135 North Sixth Street.

NEW YORK.—At the annual meeting of the Alumnae Association of Lebanon Hospital, held on Tuesday afternoon, February 10, 1904, at the hospital, fourteen members were present, and the following officers were elected for the ensuing year: President, Miss Marguerite Clancy; first vice-president, Miss Josephine McCaffery; second vice-president, Miss Rosamond Philo; recording secretary, Miss Rose Healy; corresponding secretary, Miss Mary Dalton; treasurer, Miss Estelle Nesbit.

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, March 9, 1904, at three P.M., in the College of Physicians, Thirteenth and Locust Streets, Philadelphia. The meeting was called to order by the president, Miss Mollie Malloy, and the usual routine of business was enacted. The subjects put forward were discussed informally among the eighteen members present, and the meeting was thoroughly enjoyable.

PHILADELPHIA.—The nurses of the Pennsylvania Hospital have decided to have a literary evening each week. At this meeting current events are discussed and the nurses are asked to bring anything they have read during the week which they think might be interesting, and then a short time is devoted to the discussion of some subject which has been previously announced. The meetings so far have been very much enjoyed.

TORONTO.—The usual monthly meeting of the Alumnae Association of the Toronto General Hospital School for Nurses met at the hospital on February 9. After the usual items of business were disposed of Miss E. Gordon read a very helpful and instructive paper on "Pneumonia." After the meeting adjourned the association was entertained at afternoon tea by Miss Snively, and a very pleasant hour was spent socially.

BROOKLYN, N. Y.—The regular monthly meeting of the Brooklyn Hospital Training-School Alumnae was held on March 1. Twenty members were present. The advisability of having a registry at the hospital was discussed, but not voted upon. A committee was formed, Miss Van Ingen, chairman, to revise the old constitution and by-laws. A social few minutes were enjoyed by all, coffee and cake being served.

DANBURY, CONN.—At a special meeting of the Graduate Nurses's Association of Danbury, Conn., held February 11, Miss Emma Corbin and Miss Margaret Gallagher were elected as delegates to the State meeting held in New Haven on February 17. Miss Gallagher's report of the meeting was excellent, and Miss Corbin was elected to serve on the By-Laws Committee of the State Society.

NEW YORK.—The regular meeting of the Alumnae of Lebanon Hospital Training-School was held at the hospital on March 8 at three p.m. Seven members were present and a resolution was carried that a special meeting be called on March 22 for the purpose of appointing a delegate to be sent to the Associated Alumnae conference to be held in Philadelphia in May.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Presbyterian Hospital in Philadelphia was held in the lecture-room of the hospital on Tuesday, March 8, at three p.m. There were twenty members present. Two delegates, Miss Milne and Miss Wardell, were elected to attend the Associated Alumnae in May.

INDIANAPOLIS.—An Alumnae Association of the Indianapolis City Hospital Training-School for Nurses was organized on March 1 with thirty charter members. The regular meetings will be held the first Tuesday of each alternate month in the Training-School parlors of the City Hospital.

TORONTO.—The Ontario nurses expect to organize a Provincial Society, and a mass-meeting is called in Toronto for April 2. Miss Annie Damer, of Buffalo, N. Y., has been asked to be the guest of the occasion.

PHILADELPHIA.—On Monday evening, March 13, the Guild of St. Barnabas gave its annual banquet to the members of the graduating class.

#### MARRIAGES

In February, in Baltimore, Md., Miss Leonora Clarke to Mr. Lawrence Tierney, both of West Virginia. Miss Clarke is a graduate of the Johns Hopkins Training-School, Class of 1901, and since graduation has been employed in the hospital as night superintendent and as head nurse in the gynecological operating-room.

On January 20, 1904, in Staunton, Va., Miss Lena Gilliland, Class of 1900, University of Maryland Hospital, and until recently in charge of the Twin City Hospital, Winston-Salem, N. C., to Mr. George Jones, of Winston-Salem. Mr. and Mrs. Jones will make their home in Winston-Salem.

On February 18, 1904, at the residence of her mother, Mrs. Joseph S. Carley, 34 Goylan Street, Windsor, Ontario, Can., Mary Elizabeth, graduate of Harper Hospital Training-School, Detroit, Class of 1897, to Mr. Sanford Warren Buck, of Gaylord, Mich.

At Park Hill, Ont., February 10, 1904, Miss Eleanor M. Doyle, graduate of St. Mary's Hospital Training-School, Detroit, Mich., Class of 1899, to Mr. Donald McDonald, of Chicago. Mr. and Mrs. McDonald will reside in Chicago.

On December 21, 1903, in Atlanta, Ga., Miss Margarita Blight, of the Class of 1900, Maryland University Hospital, to Mr. Napoleon Bonaparte Lesueur, of Alabama. Mr. and Mrs. Lesueur are living in Uniontown, Ala.

IN Chicago, Ill., on January 28, Miss Nina L. Smead, graduate of the Brooklyn Hospital Training-School, Class of 1891, to Mr. William O. Colton. Mr. and Mrs. Colton will reside in Colton, S. D.

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#### OBITUARY

ENTERED into rest, Mrs. Caroline A. Preble, *née* Hondlette, Class of 1881, Massachusetts General Hospital Training-School.

"WHEREAS, Our associate, Mrs. Caroline A. Hondlette Preble, whose life was characterized by efficiency, strength, and sweetness of character, has been removed from our midst by death. Therefore, be it

"Resolved, That we, the members of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses, learn of her death with sincere sorrow, and that this association, the nursing profession, and the community in which she lived have sustained a loss. Be it further

"Resolved, That a copy of these resolutions be sent to the family, to THE AMERICAN JOURNAL OF NURSING, and that they be made a part of the records of the association.

"ELIZABETH R. SCOVIL,

"ELIZABETH MUMFORD,

"FLORENCE F. RICE,

"Committee.

"BOSTON, MASS., March 14, 1904."

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At the regular meeting of the Massachusetts General Hospital Alumnae Association held on February 23, 1904, when it was heard with deep regret of the death of Mrs. C. E. Simpson, who graduated in the Class of 1896 as Miss C. E. Etherington, the following resolutions were adopted:

"WHEREAS, We have lost from among our number Mrs. C. E. Simpson. We the members of this association, desire to express our appreciation of her sterling qualities and lovable disposition, and our sorrow for her death.

"Resolved, That we extend our sincere sympathy to her husband and family in their great loss.

"Resolved, That a copy of these resolutions be sent to her family, a copy recorded in the minutes of this association, and a copy sent to THE AMERICAN JOURNAL OF NURSING for publication.

"LILLIAN H. MORRIS,

"ISABEL M. DOUGLAS,

"Committee."

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ON January 31, 1903, Wesley Hospital, Chicago, Ill., lost by death one of its most efficient and faithful nurses, Miss Ellen C. Hanson. She was taken ill suddenly while on duty in the children's ward, and within forty-eight hours the beautiful, devoted life was ended.

Miss Hanson had nearly completed her course of training, during which time in the hospital she had shown a marked ability for her work. Her personal life was exemplary. She was devoted to the Christian faith, and died as she had lived, sustained by its gracious power. Early on Sunday morning, surrounded by her associate nurses and her mother, and soothed by the singing of the hymns she loved, her spirit went to the God in whom she trusted. Rational to the end, she inquired frequently about the little patients in her ward, and left many tender messages of farewell for friends and relatives.

IN New York City, February 14, 1904, Katharine Johnston, aged fifty-one years, graduate of the New York Hospital, Class of 1881. Since her graduation, twenty-three years ago, she had been engaged in active work, and died at the post of duty. After some years of private and district nursing she was superintendent of the Westchester Free Hospital one year, and superintendent of the Training-School of St. Mark's Hospital, Salt Lake City, one and a half years, when she resigned to become superintendent of Christ Hospital, Jersey City, where she remained for five and a half years. At the time of her death she was engaged in private nursing, leaving her patient only a few days before she entered into rest. Hers was indeed a beautiful life of loving service. "Blessed are the merciful: for they shall obtain mercy."

THE following resolutions upon the death of Miss Annie T. Doyle, of the Class of 1903, were adopted at the annual meeting of the Alumnae Association of Lebanon Hospital, held February 10, 1904:

"WHEREAS, It has pleased our Heavenly Father to remove from our midst an esteemed member of our association.

"Resolved, That in her death the association has lost a highly esteemed member and the nursing profession a faithful worker.

"Resolved, That a copy of these resolutions be extended with our deepest sympathy to her sister, and that a copy be sent to THE AMERICAN JOURNAL OF NURSING, and a record of same be made upon the minutes of the association."

At the Municipal Hospital, Philadelphia, Pa., of smallpox, Miss L. Blanche Smith, aged twenty-five years.

Miss Smith was a pupil of the Training-School, and had less than two months to serve before graduating. Her body could not be taken to her home in Northumberland for interment, but was buried at the cemetery in Philadelphia at Sixty-ninth Street and Woodland Avenue.

It is with sincere regret that the announcement is made of the death of Miss Charlotte B. Judd, who died suddenly in New York City on January 12, 1904.

Miss Judd was a graduate of the Connecticut Training-School for Nurses of New Haven, a faithful friend, and conscientious nurse, who will live in loving memory in the hearts of those who knew her.

ON January 14, 1904, Florence Howard Linton, wife of Mr. A. Brock Carey, at the Burke Sanatorium, Burke County, Cal., of heart disease, after an illness of four weeks. She was graduated from the New York Hospital Training-School in 1896, and was married to Mr. Carey November 26, 1902.

AFTER a brief illness, at the Michael Reese Hospital, Chicago, Ill., February 17, Jessie P. Laird, assistant superintendent of the Michael Reese Training-School.

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### ORGANIZATION NOTES

#### THE IRISH NURSES' ASSOCIATION

THE Dublin Nurses' Club, of which mention has been made in these pages, at a large and animated meeting in January last resolved to change the name of the club to "The Irish Nurses' Association," and to extend its membership over the whole of Ireland in order to have a well-organized body to take a part in the oncoming great work of passing a State registration bill through Parliament. The president is Miss Huxley, whose distinguished work in leadership and in training-school has often been referred to in this JOURNAL. The first act of the new association was to call a general meeting of matrons and nurses from all over Ireland to discuss the bills for State registration.

We hope the new association will be represented at the Berlin meetings in June.

#### THE NURSING SYSTEM OF ITALIAN HOSPITALS

IF one were to search for the most historically important and interesting nursing service in the world, one would find it in Italy; and if one were then commissioned to modernize this system in accordance with the requirements of science and hygiene and with an eye also to the economic basis, one would be confronted with one of the most puzzling and complicated problems imaginable.

The nursing system seen in Italy to-day dates from the third century of the Christian era, and in the general organization of hospital work the division of labor and the plan of day and night duty is undoubtedly much the same as in the early centuries when the various religious nursing orders were first established. Glimpses into the early history of the care of the sick are wonderfully interesting.

Lanciani says that compassion and charity according to our ideas were absent from the Roman character in pagan times; that many temples of a propitiatory character were built,—one to the Goddess of Fever, one to the Evil Eye, etc., etc,—but that hospitals, even in the most rudimentary form, were not known until the third century.

Yet, he says, a temple to Æsculapius was established on an island in the Tiber in the four hundred and fifty-ninth year of the city, and that the sick were brought there and received in their dreams the instructions as to their cure, and that the priests of the temple then carried out the supernatural prescriptions. This being the case, and if their friends were kind enough to carry them there, it seems as if some rudimentary form of nursing must also have been practised. On this same island, by the way, there stands a hospital to this day—San Giovanni di Calabita.

The early Christians from the first made the care of the sick one of their chief works, and took them into their own houses. Certain great ladies of Rome



who became converted were very active in such work, and showed conspicuous ability in organization, notably Lucina and Fabiola, the latter of whom is said to have founded the first hospital, meaning, very probably, that she brought order and system into the voluntary service.

It would be very fascinating to wander into all the by-paths of history, but would lead too far for the scope of this sketch.

With the founding of the monasteries came the large hospitals as we see them to-day, and anyone who wishes to learn something of the history of the many nursing orders will find a mine of information in the *third* volume of "Hand-Book to Christian and Ecclesiastical Rome," by M. A. R. Tucker and Hope Malleon. This third volume deals with monasticism under the Church of Rome. Whatever one's modern ideas may be, it is impossible not to feel deep respect and admiration for the hospital record of these Mediæval orders.

Many of the famous "religious" who are now canonized were really social reformers of vast ability and courage. Catherine of Siena was the Florence Nightingale of the Middle Ages, and performed marvels of hard and heroic nursing, to say nothing of her political activity. Francis of Assisi revolutionized the whole question of the treatment of lepers, which, as Knox Little in his "Life of St. Francis" says, "was one of the great social difficulties of the time. . . . The leper lost all his rights . . . he had no occupation . . . he had no civil rights even in making a will or handing on his property . . . his acts were void in law. . . . To suffer from this disease was absolute degradation. . . . It is evident that the wisdom of the time, medical and social, was entirely at fault in view of this tremendous and increasing social evil. . . . St. Francis saw how important it was for mankind that the leper question should be dealt with thoroughly.

"Men of all ranks entered the Franciscan order . . . men of culture, of considerable means, and of noble birth. No matter who they were, he insisted on their dwelling in the leper hospitals and attending to the sufferers. It followed that something like improvement in the condition of the towns was begun, and something like a proper treatment of the disease. From this followed in course of time the complete annihilation of the scourge in Europe, which . . . was really the work of St. Francis." ("Life of St. Francis of Assisi," by Knox Little.)

The influence of such personalities and many other noble characters, such as San Bernardino and St. Vincent de Paul, perpetuated in art, legend, and history as they are, and made concrete in these huge old hospitals, built in ancient cloisters and churches, cannot but surround the nursing orders with a certain halo and give them a great hold on the minds and sentiments of people in general.

Thus the church retains to this day almost entire control in hospital management in Italy.

Now, then, it is impossible not to see that modern conditions demand new reforms and a new revolution, even as the earlier ones demanded them in their day.

The religious orders have not kept up with the discoveries of science and the advance of hygiene, and they are entirely out of touch with modern industrialism and the onward movement of self-supporting women workers.

The Mediæval conception of hospital work is a lovely one, founded on compassion and offering an opportunity for voluntary service, but it is not adequate

for the present, when all charitable endeavor is becoming constructive, and when medicine tends continually to prevention.

The actual nursing in the Italian hospitals—that portion of work which with us is done by one set of persons, viz., the nurses—is here divided up between three sets of persons—viz., the physicians or their students, the nuns, and the servant-nurses, who also do a large portion of what we call ward-maid's or orderly's work. This, at least, is the way it seems to an outside observer, though, doubtless, it would not be so classified by the officers themselves.

Take the physicians first. It is perfectly evident that the younger residents and medical students do many acts and parts of nursing work, because one can see them doing them. Minor dressings, charting, observation of symptoms and of the effect of drugs, shaving for operations, oftentimes taking temperature, pulse, and respiration, are some of the parts of the work performed by these young men. True, in our hospitals they may do the same things, but they do them to learn, and not because there is no one else to do them.

Second, the nuns. The usual proportion of nuns to a hospital is seldom greater than one to twenty-five patients, and is oftener one to fifty. No one would, then, imagine that it could be possible for the sisters to do more than supervise, maintain order and tranquillity (which they do in a wonderful way), give medicines (special ones), carry out special orders, and keep up a general oversight, seeing visitors, reporting to the physicians, and ordering the household side. This they also do well. Their kitchens are beautiful, and their bed-linen, patients' gowns, doctors' aprons, etc., are admirably kept, beautifully clean and mended, and ample in supply. In short, it appears that the nuns do well and faithfully everything that they have been taught to do. Their failures are in what they have not been taught, and in what they are not allowed to do.

It is hard to understand, after reading the lives of Catherine, Theresa, and other saints, why the church should forbid certain duties to the nuns. I am inclined to think that the saints drew no lines. But hospital nuns are not allowed to attend personally to any parts of the human body except the upper and lower extremities, even with women patients—indeed, even with children. They cannot, therefore, bathe and change and prevent bedsores. This is not their fault, but the fault of their system, and this system also has another serious fault for a nursing service: that its members must recognize, not the medical profession, but the church, as its ultimate authority. While these two, theoretically, should not clash, yet practically this result follows, that the nuns do not get the physicians' point of view in the care of cases.

They are not allowed to do gynecological or obstetrical nursing. While, therefore, they are *in charge* of these divisions they see and know nothing of the details. Who does these things, then? This brings us to—

Third, the servant-nurses. The servant-nurses are of the grade of our ward-maids and orderlies. They receive wages and work as servants. Besides the ward work, the cleaning, sweeping, tray-carrying, meal-bringing, and all the various maids' work, they must also do everything that is left in the province of nursing after we have deducted the share performed by the physicians and the nuns. They carry the bedpans, change the soiled sheets, make poultices and apply them, give enemas, put the typhoids into their tubs, fill ice-caps, etc., etc., *ad infinitum*. Need we ask how all this is done?

They also do the night-duty, so far as it is done. The one or two nuns who are in charge of a big hospital at night can do more than make rounds, and in one fine, new hospital I was shown the little window at the end of a long ward

through which the night sister "looked" at the ward. These servant-nurses, as might be expected, sleep the greater part of the night, and the patients take care of one another.

They are also short in numbers. As an illustration, in one ward of one hundred and fifty women and children there was a staff of four nuns and six servant-nurses. As a result, their hours are extremely—even inhumanly—long, varying from eleven and twelve to thirty hours at a stretch.

Now, it was the fashion of the Middle Ages for people who worked at all to work themselves to death. Catherine of Siena died at thirty, and all the saints overworked themselves. But it is not in accordance with modern common-sense to kill one set of people while trying to cure another set.

But most difficult of all complications is the economic complication.

The servant-nurses, being uneducated, are paid very little, housed very badly, and altogether represent a cheap-labor element. The nuns, being supported by their orders, are also cheap labor, as the hospitals pay comparatively small sums for their services.

The medical students and young physicians are getting an education which is worth their while, and many of these young men are called to a sort of "private duty" when there is serious illness in the houses of the wealthy; that is, it is quite customary to have a nun for the sick person and a young physician to stay in the house, sit up at night, etc. Add to this that the midwives of Italy are very thoroughly trained in a two-years' service in government universities, and that they absorb most, if not all, of gynæcological work, and it will be realized how many and how firmly entrenched are the competitors of the modern trained nurse.

The hospitals, as a rule, have not as much money as they need, and dread the innovation of a modern training-school with its attendant expenses.

Therefore long established custom, religious sentiment, financial conservatism, and to some extent professional caution, to say nothing of social usage and conventionalities, oppose formidable barriers to the modern movement towards renovation of the antiquated nursing service of Italy.

In another number I shall try to tell something of these modern developments.

(To be continued.)

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## LETTERS

(Continued from page 481.)

THE Ospedale Civile in Venice was my first Italian hospital, and a never-to-be-forgotten one. As everything in Venice is more beautiful than things of its kind anywhere else, so this hospital is more stately and superb and impressive in its special way than other great hospitals having its general character.

For the Ospedale Civile is established in an old Dominican monastery six hundred years old, its entrance being through the former Scuola di San Marco, on the Campo Giovanni e Paolo, and I mean now to compare it with other large hospitals established in old monasteries, of which one finds many in Italy, and not with such hospitals as the General Hospital of Milan or the new hospital in Rome, which are of entirely different styles.

Besides its imposing beauty, the Ospedale Civile also surpasses some other

large hospitals that I have seen in Italy in its strikingly thorough cleanliness throughout, and its fresh, pure atmosphere, entirely free from odor, in the wards. In these two particulars many of the great general Italian hospitals, however interesting otherwise, are quite deficient according to our ideas. We asked a "Portier" to take us about, and in order that we might make the proper impression (remembering the advice I had had about the lowly condition of the Italian nurse or "infirmière") I announced myself as a "Dottorressa," for which fib I hope to be forgiven. I found later it was not necessary to take this trouble. Simply to say one is an American and would like to visit the hospital is enough to insure every attention and courtesy. (The "Portier" should receive a small fee for his trouble.)

The first ward into which we were shown, after passing through fine old halls and passages, was a sight to make one open one's eyes. It had been the library of the monastery, and was a room of majestic proportions and having a particularly fine carved wood ceiling, of a height which we never see at home except in public buildings.

It had no pillars, and contained one hundred beds in four rows without any appearance of crowding, and yet one end was furnished with altar-pieces and set aside for the religious observances. (Every Italian hospital has its chapel, and in many they are in direct communication with the wards.)

There were windows on three sides and plenty of light and air. It was also pleasantly warm, as modern "central-heating" has been cleverly introduced into the old walls. The hundred beds were all full,—it was a men's ward,—and perfect quiet and order prevailed, yet, strange enough to my eyes, not a nurse was anywhere to be seen.

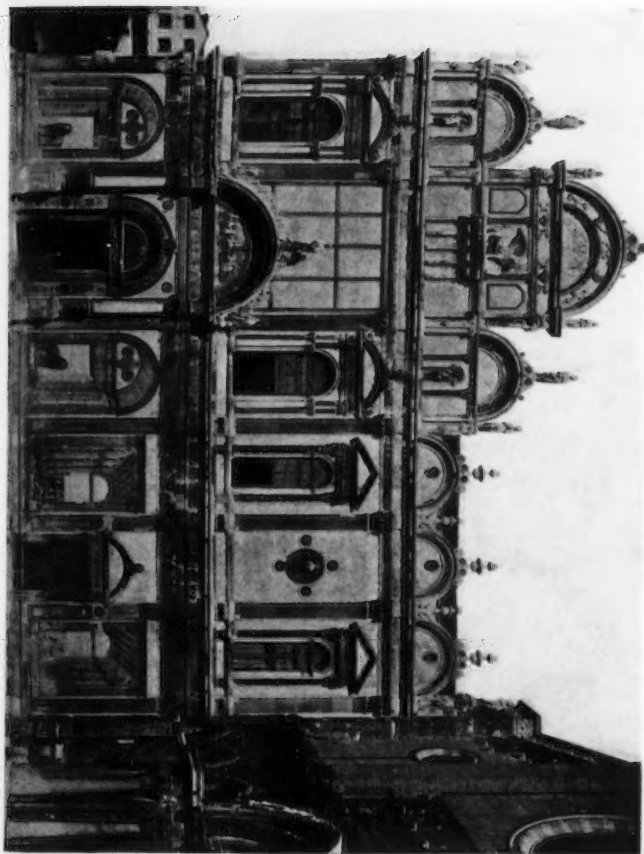
The next largest wards to this one that I have ever seen are in the County Hospital in Chicago, and one could never enter those wards without finding from four to eight nurses at work.

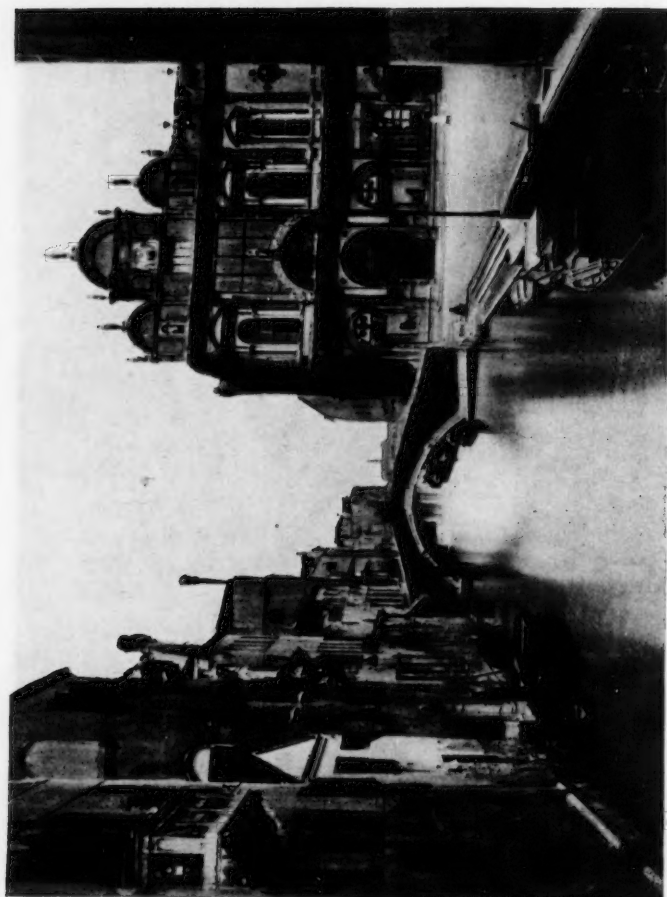
The beds were nice, modern iron beds, with good mattresses, generous pillows, and the linen sheets looked well-kept and ample. Beside each bed was a modern glass-topped metal table, and every man had his own set of very pretty glass flasks of uniform size, one for milk, one for wine or water, and one for medicine. His medicine bottles were also there, for him to take his own doses of what I think we would call the t.i.d.'s. Under each bed, strangest of all to American eyes, stood in matter-of-course array the vessels which we keep in the lavatory and bring out on occasion only.

As we went on through the ward it became evident that several of the men who seemed like convalescent patients were in reality the "nurses," or "servant-nurses," and presently there emerged from a door a young nun, dressed in black with a close black cap and a white apron. She was followed by one of the men "nurses," who carried a large tray on which stood a basin with solution and pledgets of cotton, and a bowl containing a pile of tiny and most dainty little glass phials.

The sister carried a hypodermic needle, and to my interest I found that she was going to give a number of more important medicines, which in Italy are given hypodermically as a routine treatment. Each tiny phial held one dose of medicine hermetically sealed. The sister broke the seal, filled the needle by inserting it into the neck of the phial, and went rapidly from one patient to another, cleansing her needle as she went with the cotton in solution. She administered thus iron, guaiacol, and a number of other drugs which we would be quite unaccustomed to give in this fashion. As the patients bared their arms

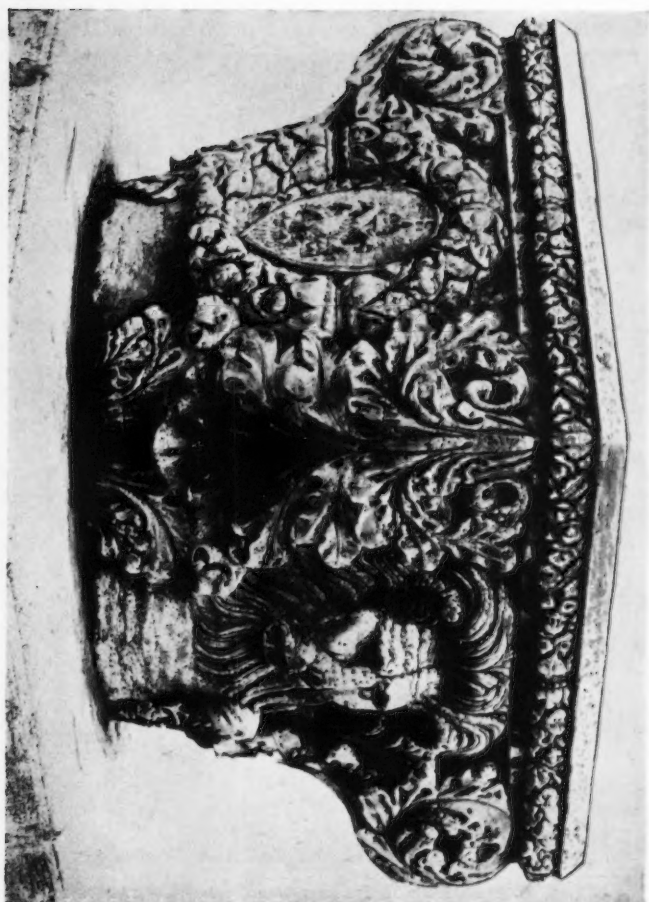
CIVIL (OR CITY) HOSPITAL, VENICE FORMERLY SCHOOL OF ST. MARK



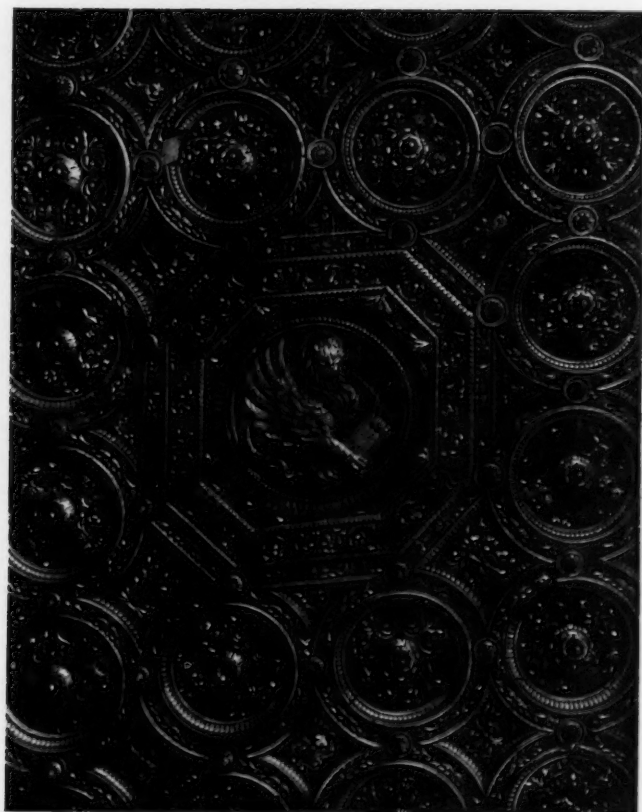


SITE OF THE CIVIL HOSPITAL, VENICE





WELL HEAD IN THE COURT OF THE CIVIL HOSPITAL, VENICE



CEILING OF THE ROOM NOW LARGEST WARD, CIVIL HOSPITAL, VENICE

numerous old punctures were seen, but all looked well—the sister did not seem to have abscesses complicate her work.

The other wards we saw were long and not so large. They held fifty beds. Surgical dressing-rooms and operating-rooms were plain but neat and orderly. The physicians have a most beautiful library, adorned with wood-carving and paintings by old masters. Their rooms are in the ancient "cells" once occupied by the monks, and the sisters are lodged in similar fashion.

The whole hospital is immense and superb in details, but I will not try to describe it all. It accommodates thirteen hundred patients, and forty sisters are detailed to it for day and night. This proportion shows that their work can be only supervisory, with little actual nursing. The marvel to me was that it could look so well. The floors were terrazzo, and we saw the "servant-nurses" sweeping them with wet sawdust, which seemed an excellent detail. The wet sawdust was thickly sprinkled over the floor and then swept up with the clumsy-looking Italian broom, leaving the floor perfectly clean.

In the art and architecture of Venice many records are found of old times of plague and pestilence. For instance, in the Scuola di San Rocco there are frescoes on the walls of the staircases depicting the plague at its height and its abatement, and the magnificent church of Santa Maria della Salute was built in commemoration of the plague of 1630. Within is a marble group showing the Virgin exorcising the plague demons, and to this day the festival is observed which was instituted in gratitude after the disappearance of the pestilence. Although there are several other churches in Venice also built in expiation or in gratitude in plague times, this one is the most important.

It so chanced that I was there on the festival day, and all the streets near the church were filled with the booths and carts of the venders of candles of enormous size. People came from all over the city, rich and poor, and everyone gave at least one candle as an offering.

L. L. D.

(To be continued.)

#### ITEMS

DISTRICT nursing work in Liverpool has just lost the services of Miss Sara Wilson, who has devoted the last twenty-five years of her life to this service, and has now retired from work. Miss Wilson was in close relation with the late Mr. William Rathbone, the founder of district nursing. Their ideals were the same—not only that the sick person should be nursed back to health, but that the whole family should learn better and more sanitary ways of living.

The labors of such pioneers as Miss Wilson may justly be regarded as having broken the ground for the modern movement towards better housing of the poor, which is the very bottom foundation of public health, and their names deserve to stand with the benefactors of humanity.

MISS AMY HUGHES proposed the following important resolution at a conference of the Women's Industrial Council in February:

"That this conference is impressed with the urgent need of providing training for girls of the industrial class in the care and management of children; that this training, on broadly technical lines, should take place at a day technical school, and continue for not less than one year; and that this conference earnestly recommends the Technical Education Board of London, and all organizations

dealing with technical training, to consider the advisability of establishing suitable schools."

There is room for a whole editorial in this resolution. It is like all Miss Hughes's work and shows her steadily pushing forward in efforts designed to make the world a better place than she found it.

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It is surprising to read that the Central Hospital Council, composed of representatives from the managing boards of the London hospitals, are uncompromisingly opposed to registration and have formulated a resolution to that effect, and have also declared their determination to fight it in Parliament. When we recall the practical and most effective support given to the American nurses' movement by hospital governors and managers we are really unable to understand the attitude of the London council, except by a deduction very unflattering to themselves. Why should they not be as liberal and progressive as the American hospital boards?

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THE Irish Nurses' Association has formed a Standing Committee to deal with the business in connection with the bills for State registration, and intends forming sub-committees throughout the country to educate the public. This is practical and good, and we are delighted to see such a vigorous ally coming to the aid of the English society. What is Scotland doing?

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THE English nurses' registration bill was introduced into the House of Commons by Dr. R. Farquharson on Monday, February 15, and read for the first time. We extend our hearty congratulations and best wishes to the English Society for Registration, and hope that it may triumph in its efforts for legislation.

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A LIST of hotels and pensions for foreigners attending the congress will be furnished on application to Frau Maria Gubitz, Berlin W., 35 Lükow Str., 85a.

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AN Anglo-American Hospital has been opened at Cairo. Besides beds for private patients it has provision also for non-paying patients.



WOMEN NURSES IN BOSTON.—That women nurses are not employed to care for male patients in Boston is a discovery just made by a Philadelphia physician, who says that the regard for the proprieties there is such that it is considered more fitting to hire a male nurse for a male patient. This declaration would not be accepted seriously if one of the Philadelphia papers had not taken it up and soberly commented upon it as a sign of Boston's eccentricities. As a matter of fact, very few male nurses are employed in Boston. The situation is, that over ninety per cent. of male patients have female nurses. Women are more sympathetic, more attentive, more careful, and more faithful in their service than male nurses, and for this reason physicians as a general rule recommend them. Besides, they cost less. (?)

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

### OPEN LETTER TO ALUMNÆ ASSOCIATIONS

DISCUSSING organization, I once heard a clever man say that "it took ten years to make a constitution, and then it was not satisfactory." Such being the case, we need not be disheartened at finding flaws in the government of some of our nursing bodies. A weak spot which strikes me as needing correction is our common practice of sending new delegates every year to the Associated Alumnae. Most of us thought in the beginning that every new delegate was one more enlightened, but what has been the result? Every year the Associated Alumnae meetings are composed almost wholly of strangers, strange to one another, strange to the work done before, and, unhappily, too often strange to the work in hand, consequently a greater part of the time is consumed in getting acquainted with the work previously done.

It is an almost universal sentiment among delegates that if they might come again they would be able to work more intelligently. This being true, why do we not send our delegates for two years instead of one, and where a society is entitled to several have them changed at different times? I think the best illustration of our faulty precedent has been in the question of the Associated Alumnae ownership of the JOURNAL. I am convinced that if the meetings in the past had been composed of a sufficient number of the same persons the Associated Alumnae would now be the owner, but instead we have new delegates every year whom we have sent with little or no instruction of how to act in the matter, and in this fashion, with desultory and unsatisfactory discussion, this vital subject has been dragged along for five years. Meanwhile the exigencies of business compelled that the JOURNAL be incorporated, which had to be done by a stock company, and which has grown to such dimensions that only by a tremendous concerted action can the Associated Alumnae become its purchaser, all of which I believe would have been averted had a few people been allowed to act as delegates for two years or more. Is the subject not worth some discussion?

ISABEL McISAAC,  
304 Honore Street, Chicago.

DEAR EDITOR: As I glance over the part of our JOURNAL each month which is devoted to reports from societies I find myself wondering whether it is worth our while, as alumnae, to send in such detailed reports of local happenings which have no general interest. I realize that these items are intensely interesting to those whom they concern, but is not a local alumnae report, rather than a national magazine, the place for them?

Possibly these local items help to keep up the interest in the JOURNAL of a large number of subscribers. I do not know. I am asking for information. It would seem that we would all rather see the space now given up to these details

devoted to articles of greater general interest. I do not mean that these reports should be omitted, but they might be confined to items which are of real interest to the nursing world, of progress made, of suggestions helpful to others, etc., etc. We might try to cultivate among ourselves a spirit of contributing only that which will be of use to us all and save you part of the pruning, which must be at best a delicate task. Yours sincerely, L.

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DEAR EDITOR: THE AMERICAN JOURNAL OF NURSING, "Seasickness," on page 454, JOURNAL of March, contains what I consider rather drastic treatment.

I should judge the bowels would be so loose at the end of the tenth day that sailing would have to be postponed. At sea one needs to be in control of their functions, rather than have their functions control them.

I would suggest that any nurses planning for the Berlin trip be very wary how they physic themselves before sailing.

I have been on the water for coast trips quite frequently, but have crossed the Atlantic only twice. Was not seasick. I was seasick on one coast trip, I think, because my companion in the stateroom was much distressed. Since that experience I have tried to prepare by taking *Ammonii bromid.*, gr. v, t. i. d., for three days previous. I think this is preferable to the *sodium bromide*, as the former has a little stimulating effect.

Five grains is quite sufficient for one who does not habitually take drugs. I find the *Ammonii bromid.* tranquillizes my nerves so that I do not care whether doors bang or not.

The captain on the Atlantic liner said seasickness begins in the ankles, and if one can get the proper swing, and preserve the equilibrium, one would not have to pay tribute to Neptune.

I hope all the nurses who go to Berlin will have a very good time. I wish them all *bon voyage*.

BOSTON.

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DEAR EDITOR: I have just received a copy of the constitution and by-laws of the Massachusetts State Nurses' Association, together with a letter from a prominent officer of that association drawing my attention to the fact that they had endeavored to make their constitution and by-laws as *simple* as possible, and saying that their association was progressing most favorably with it as a guide. On reading over the clause referring to membership I note with much interest that no mention is made anywhere of *alumnæ* associations or any societies of nurses other than the county societies, which are branches of the State association.

For the New York State Nurses' Association to adopt similar by-laws concerning membership may be a "radical change," but in view of the fact that the by-laws of the New York State Association were adopted in 1902, revised in 1903, and are to be revised again in 1904, it would seem that some radical change would not be out of place, also that much valuable time and energy might be saved by adopting by-laws of a more permanent character.

As far as *alumnæ* associations are concerned, I do not think that anyone, least of all myself, has ever thought, much less said, that "their days of usefulness are over," but I maintain that nothing can be gained and much unnecessary complication is added by their recognition in the State and county societies.

For inter-State affiliation as a means of establishing reciprocity, here again



an organization composed of alumnae associations is superfluous, as the natural sequence of the county and State associations will be a confederation of State associations.

B. VAN HOMRIGH STEVENSON,  
823 Park Avenue, New York City.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



QUARANTINE IN DIPHTHERIA.—The Albany *Medical Annals* publishes a paper on this subject of which the following synopsis is given by the *Journal of the American Medical Association*: "From a study of one hundred cases with special reference to the time of quarantine, Salmon concludes that the severity of the disease bears no relation to the duration of infection and an arbitrary time-limit is not justifiable. The occurrence of positive cultures after a single negative one had been obtained is shown to be the rule rather than the exception. The importance of taking cultures from the nose as well as the throat in the pharyngeal cases is demonstrated by a number of instances included in the series in which the nose remained infected longer than the throat. He advises two negative cultures to be taken on alternate days from both the nose and throat after two weeks have elapsed from the onset of the disease, a requirement which is not unfair to any, though permitting the release of only about six per cent. of the infected persons."

THE DIETETIC TREATMENT OF EPILEPSY.—The *Interstate Medical Journal* gives the following review of an interesting paper: "Meyer gives an account of a series of cases in which the dietetic treatment was carried out with great care. Four cases formed the material upon which the experiment was tried. No medication whatever was given for a period of four weeks; during this time observations could be made for comparison with the period of actual treatment. The cases averaged twenty years, and were all of a severe type of the disease. Balint's latest diet was used, including the especially prepared bread to which he has given the name of bromopan. This is a saltless bread, baked with one gramme sodium bromide to each one hundred grammes of bread. The patients were under observation from two to five months. The following diet was planned for each patient: Six A.M., one-eighth to one-fourth litre cacao or coffee, one-fourth bromopan, egg; nine-thirty A.M., one-half litre milk, three-fourths bromopan, egg, fruit; twelve-thirty P.M., one-half litre milk, one bromopan, two eggs, fruit; four P.M., one-eighth to one-fourth litre cacao or coffee, one-fourth bromopan; six P.M., one-half litre milk, one-fourth bromopan, fruit. The results were as follows: In all cases the attacks decreased in number and in severity. In two cases the psychical improvement was very marked. All the cases bore the treatment well and gained in weight during the period of treatment. A daily bromide dose of three grammes was sufficient in each case. The author believes that this treatment, while it does not offer the possibility of a cure, yet is far more effective than any method that has yet been devised."

## EDITOR'S MISCELLANY



**THE LANDSCAPE GARDENERS OF JUSTICE.**—It is most gratifying to hear the voices of lawyers, both those still in the ranks and those who have been elevated to the bench, loud in denunciation of lynching and in urging that the public conscience be quickened. It would be still more gratifying if these gentlemen learned in the law went on from castigations of the people to self-examination and self-castigation.

Justice is the dream of humanity through all the ages. And to the lawyers as to no other class, as not to all other classes combined, has humanity looked with hope and trust for the realization of that dream. Yet what do we find? These same lawyers, instead of planning to make broad and level, plain and toll-less, the road between the wronged man and his rights, between the wronger and his dues, have planned and still plan that road on lines that a landscape gardener might envy. And at every turning, in every dense thicket through which it leads, or rather wanders vaguely, they have set up a toll-gate.

Courts thronged with lawyers, Legislatures and Congresses swarming with lawyers, statute-books never out of the custody of lawyers, the entire machinery of justice in the possession of lawyers—and lawyers have the face to stand in bland self-righteousness, waxing wroth over sins which are in large measure the result of their own passions for hair-splittings and for fees.—*Saturday Evening Post.*

THE managers of Bellevue Training-School have recently issued the following appeal, of interest to a great number of our readers:

### "BELLEVUE TRAINING-SCHOOL A PRIVATE CORPORATION.

"Although Bellevue is our great city hospital and will be in the future one of the finest and largest in any city, the school which trains the nurses who care for the sick in its wards is a private corporation administered by the Board of Managers.

"Thirty years ago the condition of the wards in Bellevue Hospital was deplorable. Such a thing as a trained nurse was not then known in this country, but the crying need was felt for some action which should do away with the horror of those poor, neglected, suffering creatures, lying amid filth and vermin, and attended by the Workhouse paupers of the city, whose attendance must have been far worse than neglect. A few well-known philanthropic women took the matter in hand, and obtained *permission* to put pupil nurses in Bellevue Hospital. On February 4, 1873, a private corporation was formed 'for the training of nurses for the sick, in order that women shall find a school for their education, and the public reap the advantage of skilled and educated labor.' What was then a permission has since become a peremptory demand. All over the country are hospitals, and in every one of any value the trained nurse is as indispensable as food or medicine.

### "THE VALUE OF THIS PRIVATE CORPORATION

in preserving the school from the disturbances incident to constant political changes has been inestimable. The medical profession connected with the hos-

pital, the present Board of Hospital Trustees, all wish to preserve the integrity and autonomy of the mother Training-School of this country. To do this we must be ready to meet the demand which will be made upon us to nurse the wards of the new Bellevue. We cannot wait for the new hospital to be built, for our experience tells us that as the present building is inadequate to the number of patients who now need care, so the new hospital will be rapidly filled, and that we must be prepared to competently care for those working men and women who lay down for a time their burden of work to bear that of pain and suffering.

"THE PRESENT CROWDED CONDITION OF THE WARDS

makes it necessary now for each nurse to care on an average for nearly seven and one-half patients. This average is arrived at by taking the whole number of patients and the whole number of nurses on day duty. It is necessarily a little misleading, as there are some wards in which there are helpless infants where a slightly better showing could be made, but, on the other hand, there are wards where a nurse must undertake the physically impossible task of caring for eleven or twelve or even more patients each. This crowded condition is one which we must look forward to as being more or less constant until the new hospital is built, as our constantly increasing population makes a constantly increasing demand upon the resources of both hospital and Training-School. The average of nurses to patients in the best hospitals not run by cities is 4.7. Are we to deserve the reproach that we take less good care of the patients in the wards of Bellevue than those so-called private hospitals take of theirs?

"THE SCHOOL HAS OUTGROWN ITS HOME

in the original building given us by the late Mrs. William H. Osborn, one of the incorporators of the society. Within the last two years we have been obliged to rent two adjoining buildings. These, of course, are ill adapted to our use, but were the best available. The time for these makeshift arrangements has passed. Our duty is to look forward and to project into the future whatever of good we have stood for in the past. Our private income is small, and we have reached the limit of our resources. The city pays us a certain sum monthly for our superintendent, her assistants, and each pupil nurse. This sum is supplemented by us, as it is not enough to cover our necessary expenditures. It has been proven that the most successful way to run a *quasi* public undertaking is to have a private corporation assisted in some measure by the city. There need only be cited as illustration of this truth the Natural History Museum, the Zoological Gardens, and the Aquarium.

"A NEW HOME IS NECESSARY,

and we wish to erect in the rear of our present home, that is, on the lots on Twenty-fifth Street on which we have an option, a permanent building of such arrangement and capacity as will accommodate the number of nurses necessary, not only for our present but for our future work. To enable us to do this the contributions must be immediate and generous, and

WE MAKE OUR CALL

upon the public with high confidence, knowing that there will be an answering impulse in the heart of everyone who has felt the blessing and relief in their own home of the well-trained nurse. This blessing and relief we have been trying for thirty years to give in some measure to those who cannot have it in their homes, and yet who, for their worth to the commonwealth, should be sheltered, cared for,

and restored to their usefulness. Nor must it be forgotten that in the necessity for the new and enlarged Bellevue Hospital lies not only our obligation but also our opportunity, and beyond that the relief of innumerable private patients who reap the benefit of the rigid training of the hospitals.

"For the greater the field the wider the work, and the nurses can no more be trained to the highest efficiency without the scientific equipment of the modern hospital, than the patients in that hospital can be cared for without the trained nurse."

THE STORY OF THE WHITE ROCKS MISSION.—In 1896 I came with Miss Garrett to the reservation adjoining White Rocks. I had had no special training for the work, and I knew nothing whatever about Indians, so the first thing to be done was to study *them* and to make friends. This soon became so interesting that I begrudged the time and strength given to cooking and washing dishes! I bought a pony and visited the camps. In a short time the Indians within reach knew me and greeted me with a smile. I tried to teach the children English; one old squaw invited me to come and live at her house in order to teach her grandchildren! I gave the children clothes which had been sent by the Auxiliary, and persuaded them to wash their faces and braid their hair. One little motherless mite, as soon as she saw me coming, used to trot off to the brook, where I had taken her several times to wash her face. It was very gratifying when I left to come up here to live to hear of the expressions of regret from my Indian friends. When I go back there on a visit their cordial greetings warm my heart.

The bishop asked me to come to White Rocks in 1899. No missionary had been stationed here before. I rode up on my pony, twenty miles, and was very pleasantly situated at first, living with the field matron; but she was ordered away, and I had to live alone. The sick had always excited my sympathy, and I felt the need of a nurse's training so keenly that I went home to Virginia and took a six-months' course in a hospital; that training has been invaluable to me.

We then began to collect funds for a hospital and mission house combined, for on returning here I had to beg a lodging place of the agent. I was allowed two rooms in an old building that had been given up to rubbish and rats. The spring after I returned from the hospital I nursed two cases and took an infant into the house whose mother had died when it was only a few days old. This baby lived long enough—eight months—to take such a place in my heart that there was no more room for loneliness, and to leave such a void when she died that I was tempted to give the work up and go somewhere else. But afterwards I felt that I did the right thing in staying.

I had thought the Indians would never trust me with another baby, but four months after an infant, just twenty-four hours old, was brought to me, and four months after that another, six weeks old, was brought in. The Indians take a great deal of interest in the two boys; and their being kept clean, fed properly, and put to bed regularly makes a wonderful difference in them, their eyes are so bright and they seem so intelligent.

Red Moon's father used to come to see him often and was very proud of him, but on the third of July he died in a very sad way. It was just before the Indians had their sun dance. This man had been at work up in the mountains and was taken ill. The other Indians went off and left him alone, and he must have been there nearly a week before an old Indian went up and brought him down; he died the next day. On one of the last visits he made his boy, after

talking to him for awhile he turned to me and said he had asked Red Moon if he would like to go and live with him on his farm, but that Red Moon said "No," he wanted to go and live in the "new house" (the hospital). That was his way of expressing his appreciation of what had been done for his boy. On another occasion he told me that if he should die he wanted me to keep his baby always; I was never to let any Indian take him away from me. I have applied to the courts, with the agent's approval, to be appointed guardian. The Indians' name for me now is, "Mother to the Ute Babies."

In June, 1902, Miss Murray, from Boston, joined me, and in August, 1903, we moved into the new mission house, i.e., St. Elizabeth's Hospital. Here we have reception- and dining-rooms, which we use as a Sunday-school hall, three bedrooms, a large ward with six new beds and all their fittings, and an operating-room, besides the kitchen, bathroom, and store-room. The first night I slept in my pleasant, airy room, a *real* room, not a stuffy cubby-hole, it seemed delightful; and when the first storm with pouring rain beat upon the windows we sat and looked at it with much satisfaction, knowing that it would not come in, either under the door or through the roof.

We are getting the place furnished gradually. The White Rocks people have shown a great deal of interest and have been very generous in their gifts. The agent has had a nice plank-walk laid, but the place is not enclosed, nor is there shelter for the horse and buggy or for the wood and coal. Carrying the water is harder than it was at the old place, but we hope all this will be remedied in time, and that we will not wear out first. There are so many things a missionary can do for himself if he is a man, but being women and in a place where it is almost impossible to get workmen, we must wait.—LUCY N. CARTER, in *Spirit of Missions*.

AN ADVANCED NURSING COURSE.—There is considerable talk in Boston of having one of our women's colleges open a course in nursing for mothers, matrons of advanced years, and persons who have anything to do with household care. The idea originated in the course in the management of the home now being given at Simmons College. If women who are their own housekeepers are willing to learn to direct their menage upon correct principles, no obstacle appears why they should not be taught scientific nursing, so that when members of their family are ill they will know how to apply the most effective treatment without going to the expense of hiring a professional nurse. The idea seems reasonable enough, and if Simmons College or some other institution of its kind opens a course of this character it will be liberally patronized.

[We are not prepared to vouch for the truth of the above, but the idea is good. Trained home nurses, after a little practical experience, will be likely to appreciate a good nurse when they are obliged to have one—and the more knowledge the better.—ED.]

DISTRICT NURSING IN IRELAND.—Lady Dudley makes an appeal through some of the newspapers in this country to the Irish people in America for money for a fund to provide district nurses in the poorest parts of Ireland. In this appeal she says:

"In many parts of Ireland, especially those known as the 'congested districts,' no provision is made for nursing the sick poor in their own homes. The population is purely agricultural and acutely poverty-stricken, and the Boards of Guardians in these districts cannot supply even the ordinary maternity nurses.



The people assist one another, the poor supporting the destitute; but a rate in aid of the nursing fund cannot be levied in these districts, for that would merely be taxing the already overburdened population in one direction to benefit them in another. Moreover, as there are seldom any resident gentry or well-to-do inhabitants of the middle classes, it is equally impossible to obtain voluntary contributions from local sources. During the past year sufficient money has been collected to establish and endow eight Jubilee nurses. Four of these have been at work some little time, four more will be so shortly. But applications from districts equally poor and necessitous are coming in constantly, and, unless the fund receives further assistance, the answer sent to such applications must be unfavorable. I can, perhaps, best bring the real condition of affairs home to your readers by citing one typical case, that of Knocknalower, in a western union which I have recently visited. In this bleak moorland district of seventy thousand acres there is scarcely a dwelling of any kind except the wretched cabins of the five thousand small landholders, and so utterly poverty-stricken is the place that it is difficult to find a doctor who will remain, no less than ten appointed having resigned during the past five years. In this district, the valuation is only twelve shillings two-pence, while the rates amount to five shillings ten-pence on houses and two shillings nine-pence on lands. It will therefore be seen that it would not be practicable to provide a nurse at the expense of the rates. In many parts of the district the people have to journey a whole day across the bogs to obtain medical relief. They have also had to be kept alive by special relief works on eight occasions in the past twenty years.

"I feel confident that the work of supplying properly qualified district nurses for places like this only requires to be brought more prominently to the notice of the Irish people in America to insure for it no inconsiderable measure of support.

"I shall be happy to furnish particulars of the scheme with an account of work done to anyone who desires further information. Annual subscriptions or donations may be sent to me, or to the secretary, the Bank of Ireland, Dublin, marked 'Lady Dudley's Fund for District Nurses.'"

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A NEW REGISTRY.—An effort has been made during the past year to establish a local association to be known as the Nurses' Metropolitan Registry Association of Richmond for the maintenance of a central registry and the establishment of a club-house or club-rooms for nurses. A similar organization exists in Norfolk, Va.

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THE following resolutions were recently passed at a meeting of the Mississippi Medical Association:

"WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures; therefore, be it

"Resolved, That it is the sense of the Mississippi Valley Medical Association that measures be taken by Boards of Health, Boards of Education, and school authorities, and, where possible, legislation secured, looking to the examination of the eyes of all school children, that disease in its incipency may be discovered and corrected."



## EDITORIAL COMMENT



### PROPOSED AFFILIATION WITH THE RED CROSS SOCIETY

ON February 23 a number of well-known women in the nursing profession came together in New York for committee work of different kinds, and quite informally a group of New York women met with them on the evening of the day mentioned to discuss several questions of importance to nurses.

The out-of-town members present were Miss Mary M. Riddle, president of the Associated Alumnae; Miss M. Adelaide Nutting, president of the American Federation of Nurses; Miss Isabel McIsaac, president of THE AMERICAN JOURNAL OF NURSING Company; Miss Sophia F. Palmer, editor of THE AMERICAN JOURNAL OF NURSING, and the five Chicago members of the Class in Hospital Economics at Teachers College.

Of the well-known New York women there were present Miss Maxwell, of the Presbyterian Hospital; Miss Delano, of Bellevue; Miss Wilson, of St. Luke's; Miss Sanborn, of St. Vincent's; Miss Pindell, of the Metropolitan; Mrs. Dean, of Mt. Sinai; Miss Gilmour, of the New York City Training-School; Miss Mary E. Thornton, secretary of the Associated Alumnae, and others.

The very recent declaration of war between Russia and Japan brought up the question of the position American nurses should take in time of either national or international calamity of any kind, and it was the consensus of opinion that some action should be taken that would place American nurses always in an impartial attitude of readiness when their services were needed, either at home or abroad.

In a free and informal discussion the following points were brought out:

1. American trained nurses to be at all times in a position to render aid to suffering humanity, regardless of nationality or creed, should be affiliated in some way with the National Red Cross Society of America.

2. Such affiliation should be consummated through some one of the existing nursing organizations.

3. The American Federation of Nurses was suggested as a possible channel for such affiliation, as that organization, being a union of the Associated Alumnae and the Superintendents' Society for membership in the National Council of Women, might easily have its functions extended with the sanction and coöperation of the two societies concerned.

An informal committee was appointed to learn, if possible, if there was necessity for immediate provision for service at the seat of war in the East, and to ascertain if the National Red Cross Society had so far completed its reorganization that it could consider a proposition for such proposed affiliation, if made through the proper official channel.

It is an authentic fact that the Russian Red Cross Society has six million five hundred thousand dollars in its treasury and owns property amounting to three million dollars more. It has four thousand trained nurses on its list, two thousand five hundred of whom are sisters.

The Japanese Red Cross has more than four million dollars in its treasury,

with an annual income of one million dollars from various sources, and it has two thousand five hundred trained nurses enrolled. These figures would seem to indicate that unless the war in the East is of prolonged duration, the services of American nurses will not be a necessity for either country.

The first Japanese training-school was organized by our own Miss Linda Richards, and the development of trained nursing in Japan has been quite as remarkable as it has been in the United States. The advantages of a nursing service composed of women who speak the language of the country needs no comment.

In the fifth resolution of the Conference of Geneva in 1863, it is stated that the Red Cross Committee of belligerent nations "can solicit the assistance of the committee belonging to neutral nations," but it is customary when such a request is made for the committee rendering aid to obtain the consent of the other belligerent nation, and where assistance is proffered it is customary to offer such aid to the Red Cross Societies of both countries. Such aid has been offered to the Red Cross Societies of both Japan and Russia by Germany and France.

Unfortunately, the Red Cross Society in our own country is not at present in a position to render aid in any form. There have been difficulties, as is very well known, in the management, and there is practically no money in the treasury. The society is now in a condition of reorganization, and this reconstruction period would seem to be a very proper time for American nurses to endeavor to obtain some form of affiliation which would identify American nurses with the National Red Cross Society.

At the Superintendents' meeting, held in Pittsburg in October, a resolution was adopted giving the councillors power to act for the society on any public questions that might arise during the year. The meeting of the Associated Alumnae will be held soon and it would seem an opportune occasion for the subject of affiliation with the National Red Cross Society to be considered.

#### THE AMERICAN FEDERATION OF NURSES.

Growing out of the informal conference already mentioned has come another suggestion that seems to contain possibilities for the future.

The American Federation of nurses at present means little more than a name. There would seem to be a growing need for a National Society of District and Settlement Nurses. There is a possibility of a Navy Nursing Corps. We already have the Army Nursing Corps, the Superintendents' Society, the Associated Alumnae, State associations, and St. Barnabas Guild, and the idea comes from one of our bright women that we use the American Federation of Nurses as a means of affiliating all of these different organizations and classes of workers.

It is a gigantic suggestion that takes one's breath away, but it contains possibilities that would make the American Federation a splendid avenue for affiliation with the Red Cross Society, and shows the trend of thought in some directions.

#### OTHER SUGGESTIONS.

As we go to press still another suggestion comes to us from a prominent leader in organization work. Referring to the affiliation with the Red Cross she says: "In two months more the annual meeting of the Associated Alumnae will be held, and I hope at that time the question will be agitated and, if possible, a strong working committee be formed with power to coöperate with the local

alumnæ everywhere to the end that each State shall have a body of nurses organized and ready to be called out as easily as the State militia."

Miss Damer's paper comes too late for comment, but it speaks for itself.

#### THE JOURNAL OWNERSHIP

WE notice that the Alumnae Association of the Maryland University Hospital, Baltimore, was very prompt in acting upon our suggestion in the March number that the future ownership of the JOURNAL should be considered carefully by the local associations, and we are glad to see that the Maryland University nurses voted that the "Associated Alumnae should own THE AMERICAN JOURNAL OF NURSING," but we miss any suggestion of the amount of money that this alumnae will contribute as its share of the fund that must be raised to enable the Associated Alumnae to purchase the JOURNAL from its present owners. It is not enough that the local associations vote that the Associated Alumnae shall own the JOURNAL; they must state in unmistakably plain terms what they will do towards raising the money to be given as a free gift to the Associated Alumnae, otherwise it is only a waste of time to vote for "ownership." It is a question of available funds, and not of promises.

Beginning with the first meeting of the Associated Alumnae, held in Baltimore, the subject of the magazine has been discussed at every annual meeting. A Committee on Periodical was appointed at this meeting, and it is a matter of history, recorded in the annual reports, that this committee came back year after year and reported no progress. The JOURNAL could not be established without capital, and the Associated Alumnae as an organization could not provide the financial backing necessary for so extensive an undertaking.

The personnel of the Committee on Periodical changed from year to year, different chairmen taking the matter in hand; finally Miss M. E. P. Davis was asked to take the chairmanship, with Miss Fulmer, Miss Nutting, Miss Stevenson, Mrs. Robb, and Miss Palmer as her associates. Miss Davis accepted the chairmanship with the distinct understanding with her committee "that something would have to be done," and the success of the JOURNAL to-day stands as a result of the work of that committee.

In organizing a stock company of a few individual members of the alumnae the committee acted with the full knowledge and endorsement of the association. The work was done for the association, the magazine was established as the official organ of the association, but the actual legal ownership had to be in the hands of the few individual members of the association who had advanced the capital, with the understanding and belief that when the Associated Alumnae should have gained in strength, both in members and experience, it would be able to reimburse the stockholders for their actual financial outlay, and take over the management of the magazine as a part of the association's work.

There are some plain, hard facts to be considered in connection with this question. Financially, the Associated Alumnae is no better equipped to-day to buy the JOURNAL than it was in the beginning to start it. Last year it had a deficiency in its treasury.

Individually the members of the Associated Alumnae have shown a peculiar lack of professional responsibility for the JOURNAL's support. The subscription list is smaller in proportion in the great alumnae centres than it is in the country

at large. The JOURNAL has grown to be a much greater business undertaking than its most sanguine promoters ever anticipated. Its successful management is quite unlike the ordinary work of an alumnae association. It requires a knowledge of business methods, of the laws of incorporation, of the United States postal requirements, and of the special methods of conducting a JOURNAL on competitive lines.

THE AMERICAN JOURNAL OF NURSING is not just our own little magazine. It has a place and has become a power in the journalistic world. All of these facts must be taken into consideration by the local alumnae associations and by the Associated Alumnae at the next annual meeting in May, for it will be remembered that it was voted at the meeting in Boston last year that the question of alumnae ownership should be settled this year.

It has been stated in these pages repeatedly that the stockholders stand ready to fulfil their moral obligation to the Associated Alumnae, but each year of delay increases the financial value of the magazine and makes it more difficult for the association to meet the situation.

The question is more than "Shall the Associated Alumnae own the JOURNAL?" It is, "How much money will each local alumnae contribute towards the fund to be raised that the Associated Alumnae may buy the JOURNAL?"

Miss McIsaac has touched a very weak spot in the situation in her open letter to alumnae associations when she shows that each year the voting power of the Associated Alumnae is in the hands of an entirely new set of delegates, who cannot know what has been done at previous meetings, nor be expected to deal with such knotty problems as the JOURNAL. Her suggestion should be considered by the By-Laws Committee, and perhaps a plan devised by which delegates could be appointed to serve for one, two, and three years, so that there would always be one new delegate to learn and two experienced ones to act. That would place the controlling vote in the hands of women familiar with the action taken at the previous meeting, and after three years these delegates would be a much greater power at home and the Associated Alumnae membership of a much more stable character.

With State registration giving to nurses a legal status, the problems of the future will be more difficult to solve than those in the past have been. The responsibility of our action will extend outside the limits of our own organizations into the realm of State education and public hygiene. If we are to continue to advance, we must demonstrate our ability to meet these new requirements, whatever they may be, and we shall need our JOURNAL in the future even more than we have needed it in the past. It has become a great educational factor, and in whatever way its future management may be decided, there should be no risk taken that could create financial complications that would curtail or dwarf its development.

It should be borne in mind that the "Committee on Periodical" did its work for the Associated Alumnae, and the time has come when the alumnae should show its appreciation of the work of the committee by making a tremendous effort, reimbursing the stockholders and THE AMERICAN JOURNAL OF NURSING Company for their outlay, assuming the management and financial risk as an association, or relinquish all claim to the JOURNAL and allow the present owners, who are all alumnae members, to carry on the business of the magazine as an independent enterprise.

## THE OFFICIAL DEPARTMENT.

THE letter on another page signed "L." leads us to speak of a matter that has given us some thought of late, with the increase in official material that comes to us each month for publication.

Turning back to our first editorial comment in the October number, 1900, we find the following: "It will be the aim of the editors to present month by month the most useful facts, the most progressive thought, and the latest news that the profession has to offer in the most attractive form that can be secured." This policy has been followed up to the present time, and the contents of the magazine have shown the trend of nursing development during the past three and one-half years. During this time organization work in all of its branches has been the most important line of progress, and unlimited space has been given to the subject in our pages.

This letter is not the first suggestion of dissatisfaction that has reached us. We have heard murmurings from time to time of "too much fine print" in the JOURNAL, too many reports, too little of practical nursing, too much foreign news, too many pages of editorial comment, but few of our critics, unlike "L.," have suggested anything more interesting in place of the feature they object to.

We are inclined to think that "L." is right in what she says about the local reports, unless a society is doing something original, or has really valuable results of work accomplished to show. It is a subject that might well be discussed at the Associated Alumnae meeting in May.

There seems to be growing demands for more practical information on nursing subjects, and there are fields of social, educational, and preventive work opening up, with which nurses are closely affiliated, demanding space in our pages.

The "fine print" is used to economize space and is nearly twice as expensive as the larger type. Very few two-dollar journals give more than sixty-four pages. This magazine rarely issues a number with less than eighty pages, and several numbers in the year run over that figure.

The aim of the JOURNAL is to meet the demands and requirements of the nursing profession, and by the profession is meant the great masses, and not the far-advanced thinkers among nurses. The world is led everywhere by the few bright minds, but it is led by the work of the multitude. The JOURNAL strives to lead, but its greatest work is to so guide, direct, and concentrate the work of the greater body that the individual may profit by the work of the whole.

In a technical magazine of this character each number is made up from what "the profession has to offer." We want material, and interesting material, and we are able to pay moderately for it, but practical nursing methods must come from nurses engaged in practical nursing work, and yet these women rarely contribute to our pages, although they are quite free to criticise the JOURNAL for its lack of practical suggestions.

Before the end of the year the directors will take up the question of giving so much space to official reports of societies, and we are open to suggestions along these lines.

## THE NEED OF WISE HEADS

So it will be seen that women of calm judgment and experience will be needed more than ever before at the coming Philadelphia meeting. Delegates are sent by the association they represent to work, not for a pleasure trip, and every

such delegate should study the reports of previous meetings and be prepared to act intelligently upon all questions of unfinished business, and not consume precious minutes by asking needless questions. School and sectional lines should be eliminated and every problem judged of from the professional standpoint.

#### A CONFERENCE FOR VISITING NURSES

AN announcement of great interest to nurses is made by the president of the National Conference of Charities and Correction, Jeffrey M. Brackett, Esq., of Baltimore.

This conference holds its thirty-first annual meeting this year in Portland, Me., for the week beginning June 15. For the benefit of any who may not be entirely familiar with the work of this uniquely interesting gathering, it may be said that its purpose is to bring together workers in various forms of social service, and men and women from every part of the country who are either engaged prominently and actively in social reform, or are interested in its progress, to have a share in the proceedings. The subjects considered are the problems of poverty and suffering, of organizing charities and providing relief, of caring for destitute children, and many others.

They are treated in the usual way,—by addresses and discussions,—but what will render the conference at Portland of particular interest to nurses is the fact that the work of visiting and district nurses is to have its own place in the programme of the conference, and two special meetings have been arranged to consider this work. These meetings are appointed for Tuesday evening, June 14, and Wednesday morning, the 15th, in the parlors of the Falmouth Hotel. The programme for the two special meetings will be arranged by a committee formed of several leaders in instructive visiting nursing, and all those engaged in this work and interested in it in any way are urged to be present. Mr. Brackett, the president of the National Conference, will reach Portland in time to attend these meetings, and will do all in his power to make them successful.

There can be no doubt as to the ultimate success of this plan.

The work of the visiting nurse brings her daily into close relationship with those engaged in all the various other forms of social work, and a knowledge of their scope and purpose becomes necessary in order that they may be mutually helpful.

There will be special rates from transportation companies and reasonable rates from hotels. Portland is an interesting old New England town, beautifully situated on the coast and near the White Mountains. The middle of June is perhaps the most delightful time of the year. It is hoped that many nurses will be present, and it is possible that this might be just the time in which to establish a national society of district nurses. With sixty or more such institutions, with some hundreds of nurses, and new and growing opportunities for special work in these directions, it may be that the psychological moment has come.

#### THE ELLEN ROBINSON FUND

In the Personal column will be found a letter from Miss Rose, taken from the Illinois Alumnæ report, in which she tells a story of an accident to one of their members quite unparalleled in our experience among nurses, and most heart-breaking when we think of one who has prepared herself to serve, young, with a



strong body and a vigorous brain, being doomed to a life of inaction and dependence.

We are told that Miss Robinson's courage has been heroic from the first; that before the dressings had been entirely removed from her right hand she was using a pencil, held between the bits of stumps of the two first fingers, and that she helps herself with great ingenuity, even in this short time.

The members of the Illinois Alumnae, with the coöperation of the Training-School Board of Managers and many citizens and physicians in Chicago, have raised a sum of money, already amounting to nearly ten thousand dollars, which is to be placed in trust for Miss Robinson during her life. Fortunately she has no one dependent upon her for whose future she must feel responsibility.

The alumnae have made no public appeal, and the money contributed has come through the personal efforts of the nurses and the men and women interested in the Illinois School, and the result is a splendid evidence of the esteem in which the Illinois School is held in Chicago. Miss Robinson has the tender sympathy of the great nursing profession of which she is a member—"once a nurse, always a nurse."

#### PROGRESS OF REGISTRATION

##### MARYLAND.

WE understand that the Maryland bill for the registration of trained nurses has passed the Legislature unamended and is now in the hands of the Governor.

##### MASSACHUSETTS.

The Massachusetts bill has been somewhat amended, but not to detract from its value, and is still before the House.

##### IOWA.

Miss Estella Campbell, president of the Graduate Nurses' Association of Iowa, has written us a long letter, "not for publication," in which she expresses the opinion that our criticisms in the March JOURNAL were needlessly harsh, and gives the following facts in explanation of Iowa's action. She says: "Being aware of the necessity of legal authority, a committee was appointed to consult lawyers *thoroughly acquainted with the work* (italics are ours) and have a report to submit at the State meeting. Seeing that the *bills passed in other States* provided for Examining Boards to *consist of doctors*, these attorneys advised that the examinations be left in the hands of the Board of Medical Examiners for the first two years, assuring the committee that it would not be a hard matter to change the bill, once passed, and have our own Board of Examiners."

It seems that in the discussion of the bill the majority of the nurses were in favor of a Board of Examiners composed of nurses. For want of time the matter was referred to the Legislative Committee with power to act. The members of this committee were Miss Long, superintendent of the Mercy Hospital, Des Moines, graduate of the Mercy Hospital, Chicago; Miss Rogers, graduate of St. Luke's Hospital, Davenport, Ill.; Miss Grace Morton, graduate of the Illinois Training-School, with the president of the association. This committee saw fit to change the sections in the bill relating to the Examining Board, cutting out, as we understand, the provision for a board of nurse examiners and substituting the board of medical examiners.

Miss Campbell says, further, that the bill is now in the hands of Senator Young, of Washington, Ia., and "that it will not reflect unfavorably in any way upon the nurses of Iowa either from the standpoint of intellect, honor, or loyalty."

We are rejoiced to know that the nurses as a body stood for a board of nurse examiners. We feel justified in saying, however, that the Legislative Committee, to which was entrusted this most vitally important work, showed itself to be uninformed of the action of nurses in other States, and of the "great principles involved" in the registration movement.

It would be interesting to know what influences were back of these legal advisers. North Carolina is the only State having medical men on the Board of Examiners. This board is composed of two physicians and three nurses. In every other State where a bill has been passed the examiners are nurses.

Our further criticism is that of undue haste. The Legislative Committee of the Iowa nurses, according to the letter of the president, was not properly instructed, and was too ready to be advised as to what was best for nurses by people outside of the profession.

Better to be ten years in getting a good bill than to have to accept one like that of Iowa.

We cannot feel, in the light of Miss Campbell's letter, that our criticism in March was too severe, but we admit that it may have been directed towards the wrong persons. The bill remains a most unfortunate measure.

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#### MEETINGS

ANNOUNCEMENTS of the annual meetings of the New York State Nurses' Association and the Associated Alumnae are found in the Official Department. The business before both of these associations is of importance to the profession.

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#### THE BERLIN CONGRESS

NURSES going to Berlin should not fail to read Miss Dock's announcement in the Official Department.

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#### NEW YORK STANDARDS

We call the attention of our readers interested in the standards of education for training-schools to the circular issued by the Regents of the University of the State of New York, found on page 549. It is to be borne in mind that this is the minimum upon which the standards for the future are to be based. We reserve comment until a later issue.



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